



**MILWAUKEE COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Behavioral Health Division  
Delinquency and Court Services Division  
Disabilities Services Division  
Management Services Division  
Housing Division**

**YEAR 2010  
REQUEST FOR PROPOSAL  
PURCHASE OF SERVICE GUIDELINES**

**Issued July 27, 2009  
Proposal due date, September 4, 2009**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Milwaukee County

July, 2009

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the Request for Proposal (RFP) process by submitting applications for human services programs to be purchased in the year 2010. The Department welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements* and *Technical Requirements*) will be available in electronic format. CD-ROMs may be picked up between 8:30 AM to 4:30 PM, beginning **Monday, July 27, 2009** at the Milwaukee County Marcia P. Coggs Human Services Center, Room 109, 1220 West Vliet Street, Milwaukee WI 53205. Materials may also be downloaded from:

<http://county.milwaukeecounty.org/RFPInformation111327.htm>

Two (2) question and answer sessions (pre-Proposal conferences) will be held to discuss the application guidelines. In addition, a Technical Assistance Session has also been scheduled to assist Proposers in completing proposals. The meetings have been scheduled at the following locations and times listed below. Please email questions in advance to [dhhscam@milwcnty.com](mailto:dhhscam@milwcnty.com) no later than August 5th, 2009.

**Tuesday, August 11, 2009**

**4:00 p.m.**  
**Mill Road Library**  
6431 North 76<sup>th</sup> Street  
Milwaukee, WI 53223

**Wednesday, August 12, 2009**

**4:00 p.m.**  
**Bay View Library**  
2566 South Kinnickinnic Avenue  
Milwaukee, WI 53207

**Technical Assistance Session**  
**Wednesday, August 19, 2009**

**9:00a.m. – 11:00 a.m.**  
**CATC Auditorium**  
9501 W. Watertown Plank Rd.  
Milwaukee, WI 53226

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:30 p.m. on **Friday, September 4<sup>th</sup>, 2009**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

**Applications may be mailed or delivered to:**

**Marcia P. Coggs Human Services Center  
Attention: Dennis Buesing  
Room 109  
1220 West Vliet Street  
Milwaukee, WI 53205**

Following the application review process outlined in the *Technical Requirements*, contract award recommendations will be presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole, the County Board's action.

To receive information or assistance, please contact the following persons:

Program information:

Marietta Luster, Disabilities Services Division, (414) 289-6758  
Karin Bachman, Disabilities Services Division, (414) 289-6033  
Michelle Naples, Delinquency and Court Services Division, (414) 257-5725  
Judy Roemer-Muniz, Management Services Division, (414) 289-6692  
James Mathy, Housing Division, (414) 257-7689  
Walter Laux, Behavioral Health Division, (414) 257-or7955  
Rochelle Landingham, Behavioral Health Division (414) 257-7337

Technical Requirements (questions about application requirements):

Jane Alexopoulos, Disabilities Services, (414) 289-5896  
Dave Emerson, Delinquency and Court Services, (414) 257-7284  
Judy Roemer-Muniz, Management Services, (414) 289-6692  
Wes Albinger, Housing Division, (414) 289-5871  
Rochelle Landingham, Behavioral Health, (414) 257-7337

Fiscal/budget questions: Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,



Lisa Marks  
Interim Director  
Milwaukee County Department of Health and Human Services

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**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 1:**

**INTRODUCTION**

## 1. INTRODUCTION

Welcome to the Year 2010 Request for Proposal (RFP) process. The technical requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Management Services Divisions. The programs for purchase are described in the *Year 2010 Purchase of Service Guidelines: Program Requirements*.

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration, and, the publication of media announcements in five community newspapers.

Applications will be accepted **only** for the programs described as accepting applications in the Year 2010 Purchase of Service Guidelines: Program Requirements. The APPLICATION FORMAT information is organized into SEVEN (7) separate sections, each of which contains items to be submitted in the application. Instructions and forms are included in each section; forms can also be found on the Contract Administration web page at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

Updates and revisions to this and other RFP related publications will occur through the application deadline, and can be viewed at:

<http://www.county.milwaukee.gov/Corrections22671.htm>

This site should be checked frequently, as it is the responsibility of the Proposer to respond to all requirements as they appear in the posted revisions.

***ALL APPLICATIONS WILL BE EVALUATED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND AT PART 4 OF TECHNICAL REQUIREMENT.***

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 2:**

**RFP INFORMATION**

## 2. RFP INFORMATION

The Manager for this RFP is Dennis Buesing

**Address:**

Dennis Buesing, Contract Administrator  
Milwaukee County Department of Health and Human Services  
1220 W Vliet Street, Ste 109  
Milwaukee, WI 53205  
Tel. 414-289-5853  
Fax. 414-289-5874  
Email: dennis.buesing@milwcnty.com

### INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers are expected to raise any questions they have concerning the RFP and appendices (if any) during this process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer must immediately notify the RFP Manager of such error and request modification or clarification of the RFP.

Proposers must submit their questions via email to [dhhsca@milwcnty.com](mailto:dhhsca@milwcnty.com) on or before **August 5th, 2009**. **All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted to dennis.buesing@milwcnty.com via email.

It is the intent of the County that these questions will be answered and posted on: <http://county.milwaukee.org/RFPInformation111327.htm> on or before **August 21, 2009**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Dennis Buesing or other Persons mentioned as Contacts in interested party letter (refer page iii above) on any matter related to the proposal, the proposer may be disqualified.

If a Proposer discovers an error (which includes ambiguity, mistake, conflict, discrepancy, omission or other deficiency) in this RFP which prejudices the Proposer's ability to respond definitively to the proposal request, or which might prejudice satisfactory performance under a Contract containing the RFP provision(s) in question, the Proposer must immediately notify Dennis Buesing in writing requesting modification or clarification of the proposal request.

No revisions to this proposal request may be made unless in the form of an official addendum issued by Milwaukee County. In the event that it becomes necessary to



provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website:

<http://www.county.milwaukee.gov/Corrections22671.htm>. **Proposers must check the website for posted addenda; they are encouraged to check daily.**

If, prior to the date fixed for the submission of proposals, a Proposer fails to notify Purchaser of an error about which it knew or should have known, and if a Contract is awarded to the Proposer, the Proposer shall not be entitled to additional compensation or time by reason of the error or its later correction.

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

## **REASONABLE ACCOMMODATIONS**

The County will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities upon request. If the Proposer needs accommodations, please contact the RFP Manager.

## **ESTIMATED TIMETABLE FOR RFP**

The key RFP dates are outlined in the table below titled "RFP Schedule." In the event that the County finds it necessary to change any of the specific dates and times in the calendar of events listed, it will do so by issuing an addendum to this RFP **which will be posted to Website at: <http://www.county.milwaukee.gov/Corrections22671.htm>.**

Proposals are due by **4:30 PM CST on September 4, 2009.**

### **RFP Schedule**

<b>RFP Milestones</b>	<b>Completion Dates</b>
RFP issue date	July 27 <sup>th</sup> , 2009
Written question submission date	August 5 <sup>th</sup> , 2009
1st Question and Answer Session (Pre-Proposal Conference)	August 11 <sup>th</sup> , 2009; 4 PM
2nd Question and Answer Session (Pre-Proposal Conference)	August 12 <sup>th</sup> , 2009; 4 PM
Technical Assistance Session	August 19 <sup>th</sup> , 2009; 9 to 11 AM
Written Q&A posted to website	August 21 <sup>st</sup> , 2009
Written Proposals due	September 4 <sup>th</sup> , 2009; 4:30 PM CST

## **SUBMITTING THE PROPOSAL**

All applications for funding **must be received** by the DHHS **no later than 4:30 p.m. on Friday, September 4th, 2009.** Late proposals will be rejected. Applications for all DHHS divisions must be mailed or delivered to: Milwaukee County DHHS, Contract Administration, 1220 West Vliet Street, Suite 109, Milwaukee WI 53205

All applications must be typed using the format and the forms presented in this booklet, the DHHS website, or the CD-ROM. All pages are to be numbered chronologically, with each requested item on a separate page. **WITH RARE EXCEPTION, ALL SUBMISSION REQUIREMENTS APPLY TO ALL PROGRAMS.** If there is any question about the applicability of a particular submission item, contact the Technical Requirements contact person (p. iii) affiliated with the Division with which you are applying. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the application, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire application may be removed from consideration.

Vendors applying for **programs up for competitive, panel review**: One original plus **four** copies of the complete application for each program must be submitted on three-hole punched paper for each division (Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Management Services) for which funding is requested. If funding is requested for more than one disability area for the Disabilities Services Division, one additional application must be submitted for each disability area. **A list of programs up for competitive, panel review can be found in the introduction to *Program Requirements* (section 5).**

Vendors in a **multi-year contract cycle or sole-sourced contracts/programs** which do not require a competitive, panel review, one original plus **one** copy of the completed application must be submitted on three-hole punched paper for each division (Behavioral Health, Delinquency and Court Services, Disabilities Services, Housing, and Management Services) for which funding is requested.

**Please note that vendors who are currently in a multi-year contract cycle have different submission requirements. These requirements are detailed in a separate “Application Contents” table, found on page 7.**

**The County reserves the right to amend or withdraw this RFP at any time without notice or penalty.** If it becomes necessary to revise any part of this RFP, or if additional data is necessary for an exact interpretation of provisions of this RFP prior to the due date for Proposals, the RFP Manager will post addenda to the County website at:

<http://county.milwaukee.org/RFPInformation111327.htm>. If such addenda issuance is necessary, the County reserves the right to extend the due date and time of Proposals to accommodate such interpretations or additional data requirements. Therefore, the **County encourages all Proposers to access the RFP on the County website daily** to ensure that Proposer is kept up-to-date on any and all changes to the RFP.

## **MODIFICATION OF PROPOSAL**

A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal closing date and time.

To accomplish this, a written request must be signed by an authorized representative of the Proposer and submitted to the RFP Manager. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another at any time up to the closing date and time.

## **INCURRING COSTS**

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Proposer to develop and submit its Proposal. The Proposer is entirely responsible for any costs incurred during the RFP process, including site visits for discussions, face to face interviews, presentations or negotiations of the Contract.

## **RENEWAL/DATES OF PERFORMANCE**

Contractor shall begin work on January 1, 2010 and terminate December 31, 2010, unless the Contract is otherwise renewed or extended.

DHHS shall have the option of extending any contract for two additional one-year periods under the same terms and conditions, and upon mutual consent of DHHS and the Contractor.

Obligations of DHHS shall cease immediately and without penalty or further payment being required, if in any fiscal year, DHHS, state, or federal funding sources fail to appropriate or otherwise make available adequate funds for any contract resulting from this RFP.

## **MISCELLANEOUS**

The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

**Living Wage:** Milwaukee County has a goal that all Purchase of Service contractors pay a Living Wage of no less than \$8.49 per hour to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract. While not a requirement, payment of a living wage will be one of the criteria upon which Proposers shall be evaluated in the review and scoring of proposals

**RFP Document:** Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a contract, the application

material submitted is placed in an agency master file that becomes part of the contract with the Milwaukee County Department of Health and Human Services (DHHS). Successful application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of contract awards and the full execution of a contract, the application is considered a "draft" and is not subject to the open records law except to the appellant to the award, subject to the proprietary information restriction as detailed below.

#### **PROPRIETARY INFORMATION:**

Any restriction on the use of data contained within a request must be clearly stated in the Proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a Request for Proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of Milwaukee County Department of Human Services.

Any materials submitted by the Proposer in response to this Request for Proposal that the Proposer considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (*see appendices*) Confidential information must be labeled as such. Costs (pricing) always becomes public information when Proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the Proposal submitted.

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 3:  
PROPOSAL SELECTION AND AWARD PROCESS**

### 3. PROPOSAL SELECTION AND AWARD PROCESS

#### 3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager and/ or his representative to determine if 1) all “Technical Requirements” have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. Failure to submit specified forms and follow submittal requirements may result in the Proposal being rejected. **Failure to meet “Technical Requirements” or any terms and conditions will result in the Proposal being rejected.** In the event that none of the Proposals meet one or more of the specified requirements, the County reserves the right to continue the evaluation of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this Request for Proposal may be rejected by Milwaukee County. Milwaukee County may request reports on a Proposer’s financial stability and if financial stability is not substantiated, Milwaukee County may reject an Proposer’s proposal. Milwaukee County retains the right to accept or reject any or all Requests for Proposals, or accepts or rejects any part of a proposal deemed to be in the best interest of Milwaukee County. Milwaukee County shall be the sole judge as to compliance with the instructions contained in this Request for Proposal.

#### REQUEST FOR PROPOSAL EVALUATION:

Accepted Proposals will be evaluated by the respective Milwaukee County Human Services Departments. A panel of community experts, consumers and county staff will be composed to verify that the Requests for Proposals meet all specified requirements. This verification may include requesting reports on the Proposer’s financial stability, conducting demonstrations of Proposer’s proposed products and services, and reviewing results of past awards to the Proposer by Milwaukee County. Accepted Proposals will be reviewed by an Evaluation Panel and scored against the stated criteria (Section 3.2). **A Proposer may not contact any member of the review Committee except at the RFP Manager’s direction.** A Proposer’s unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer’s Proposal. The panel may review references and use the results in scoring the Proposals. However, the County reserves the right to make a final selection based solely upon evaluation of the written Proposals should it find it to be in its best interest to do so.

Proposals are evaluated against the evaluation criteria listed in Section 3.2. Evaluators’ scores are presented to division administrator(s), who may, or may not recommend the highest scoring proposal(s) to the Standing Committee on Health and Human Needs. The Milwaukee County Board of Supervisors may modify or reject the department’s recommendations and ask for reevaluation of proposal(s), or require a reissuance of the RFP for the program(s) being recommended. The County Executive may veto, in part or in whole, the County Board’s action.

The Evaluation panel will be the sole determiner of the evaluation points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. Review Panel can ask for oral presentations to supplement written proposal, if it will assist evaluation procedure. Such determination for oral presentation can be made after initial review and ranking of the proposals based on the criteria outlined in the RFP. **The Proposer is responsible for any Proposal inaccuracies, including errors in the Proposer's Cost Proposal and any best and final offer (if applicable).** The County reserves the right to reject Proposals that contain errors or, at its sole discretion, waive disqualifying errors or gain clarification from a Proposer, in the event that it is in the best interest of the County to do so.

The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

### **3.2 EVALUATION CRITERIA**

Proposals submitted in response to this RFP will be evaluated per process and criteria detailed in Part 4 of Technical Requirements (**Section 4**).

### **3.3 RIGHT TO REJECT PROPOSALS**

**The County reserves the right to reject any and all Proposals.** This RFP does not commit the County to award a contract, or contracts.

### **3.4 NOTICE OF INTENT TO AWARD**

All Proposers who respond to this RFP will be notified in writing of the County's intent to award a contract(s) as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the County.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to proprietary information exclusion mentioned in **Section 2**. Any such inspection will be conducted under the supervision of County staff. Copies of proposals will be made available for inspection for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 4:30 p.m. at:

Milwaukee County Department of Health and Human Services  
Contract Administration  
1220 W Vliet Street, Suite 109  
Milwaukee, WI 53205

Proposers should schedule inspection reviews with Cleo Stewart, at 414-289-5980 to ensure that space is available for the review.

### **3.5 PROTEST AND APPEALS PROCESS**

Only unsuccessful proposer(s) are allowed to file an appeal. On demand by such appellant(s), DHHS may provide the summary score(s) of evaluation panel, but in no case will the names of panel members be revealed. "Notice(s) of Intent to Protest," and Protest(s), must be made in writing. The protest must be as specific as possible and should identify deviations from published criteria or Milwaukee County Code of General Ordinances, Milwaukee County Board Resolutions, rules or other procedures that are alleged to have been violated.

The written "Notice of Intent to Protest" must be filed with:

Dennis Buesing, Contract Administrator  
Milwaukee County  
Department of Health and Human Services  
1220 W. Vliet St. Suite 109  
Milwaukee, WI 53205

and received in his office no later than five (5) working days after the Notices of Intent to Award are issued. No protest can be filed unless a "Notice of Intent to Protest" is filed per the above timeline. Late filing of such Notice of Intent to Protest will invalidate the protest.

The actual written Protest(s) should be filed with Lisa Marks, Interim Director, Department of Health and Human Services, 1220 W. Vliet St. Suite 301, Milwaukee, WI 53205, and received in her office no later than five (5) working days from the date of receipt of a valid Notice of Intent to Protest. Late filing of the Protest will invalidate the protest

The decision of the DHHS Director will be binding. A proposer may challenge the decision of the Director, per the process in Section 110 of the Milwaukee County Code of General Ordinances. DHHS may proceed to contract with the Proposer(s) selected even if an appeal is still pending if it is in the best interest of Milwaukee County to do so.

### **3.6 TIME PERIOD FOR RETENTION OF UNSUCCESSFUL PROPOSAL AND SCORING:**

DHHS will destroy all unsuccessful proposals after the period of appeal has passed and if no appeal is pending at that time. The detailed and summary proposal review scoring sheets will be retained per Milwaukee County retention policy.



**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 4:  
TECHNICAL REQUIREMENTS**

#### **4. TECHNICAL REQUIREMENTS**

These Requirements are for submitting a proposal to the Department of Health and Human Services (DHHS). The DHHS reserves the right to add terms and conditions to the RFP as necessary.

This section contains Mandatory Requirements that the successful Proposer(s) are required to provide or agree to at NO cost to DHHS. Proposers who cannot, or will not, meet all of these requirements may be disqualified on the grounds of noncompliance.

#### **ACCEPTANCE-REJECTION**

Milwaukee County reserves the right to accept or reject any or all Proposals, or to waive any requirement(s), as deemed to be in the best interests of Milwaukee County.

#### **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By signing and submitting a proposal, the Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this RFP:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised RFP or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

#### **DEVIATIONS AND EXCEPTIONS**

Submission of a proposal by Proposer shall be deemed as certification of compliance with all terms and conditions outlined in the RFP unless clearly stated otherwise in the attached "Statement of Deviations and Exceptions" (*see Appendices*). The DHHS reserves the right to reject or waive disclosed deviations and exceptions.

Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the attached "Statement of Deviations and Exceptions" (*see Appendices*) and attached to the Cover letter (*item 1*). In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposers shall be held liable.

**Part 1: AGENCY APPLICATION**  
**INSTRUCTIONS and FORMS**

## 2010 PURCHASE OF SERVICE APPLICATION CONTENTS – I. INITIAL SUBMISSION

This content summary sheet must be attached immediately after the cover letter.

<u>Technical Requirements</u>		<u>Application</u>	
<u>Item #</u>		<u>Check each Item Included</u>	<u>Page # of Application</u>
	<u>Item Description</u>		

### **INTRODUCTION**

1	Cover Letter		
2	Application Summary Sheet		

### **Part 1 – AGENCY APPLICATION**

	Application Contents		
3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Ownership, Independence, and Governance		
7	Owners/Officers		
8	Mission Statement		
9	Agency Organizational Chart		
10	Agency Licenses and Certificates		
11	Indemnity, Data And Information, and HIPAA Compliance Statement		
13	Related Organization/Related Party Disclosure		
14	Employee Hours-Related Organization Disclosure (Form 2C)		
15	Conflict Of Interest & Prohibited Practices Certification		
16	Equal Employment Opportunity Certificate		
17	Equal Opportunity Policy		
18	Audit Fraud Hotline		
19	Certification Statement Regarding Debarment And Suspension		
20	Additional Disclosures		
21	Certification Regarding Compliance With Background Checks – Children & Youth		
22	Certification Regarding Compliance With Background Checks - Caregiver		
23	Promotion of Cultural Competence/Diversity		

### **Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION**

25	IRS Form 990 For Non-Profit Agencies		
26	Certified Audit/Board Approved Financial Statement		
27	Form 1 (Program Volume Data)		
	Form 2 and 2A		
	Form 2B		
	Form 3 and 3S (Anticipated Program Expenses )		
	Form 4 and 4S (Anticipated Program Revenue)		
	Form 5 and 5A		
	Form 6-6H		

### **Part 3 –PROGRAM APPLICATION**

<u>Technical Requirements</u>		<u>Application</u>	
		Check each Item Included	Page # of Application
<u>Item #</u>		<u>Item Description</u>	
<u>Part 3 –PROGRAM APPLICATION</u>			
28	Program Organizational Chart		
29a	Program Logic Model		
29b	Program Narrative		
29c	Performance Assessment For Agency		
29d	Performance Assessment For Agency Leadership		
30	Provider Application Site Information		
31	Staffing Pattern		
32	Staffing Requirements		
33	Personnel Roster/Certification of Provider Credentials		
34	Accessibility		
36	Client Characteristics Chart		

### **Part 4 - OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW EVALUATION CRITERIA**

Overview Of Proposal Review Process
Proposal Review Evaluation Criteria

Agency attests that all items and documents checked are complete and included in the application packet.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## II. FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

Item #	Item Description
12	Insurance Certificate
27	Budget Forms 1, 2, 2A, 3, 3S, 4, 4S, 5, 5A, and 6-6H
33	Personnel Roster/Certification of Provider Credentials

Final submissions are due by 4:30 p.m., December 11th, 2009 and must be mailed or delivered to:  
Milwaukee County DHHS  
Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee WI 53205

## III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle in 2010 (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3).

Submissions from all agencies must be received by the DHHS **no later than 4:30 p.m. on Friday, September 4th, 2009.**

## IV. CIVIL RIGHTS COMPLIANCE PLAN OR LETTER OF ASSURANCE

All Proposers who are awarded contracts must complete and submit **Item 24**, Civil Rights Compliance Plan (CRCP), within 120 days of effective date of contract. The effective date of contracts, unless indicated otherwise, will be January 1<sup>st</sup>, 2010, making CRCPs due no later than 4:30 p.m. on April 30<sup>th</sup>, 2010.

## V. DEPARTMENT OF HEALTH AND HUMAN SERVICES- QUALITY ASSURANCE

When an Proposer has been awarded a contract, all application material submitted is organized into an agency master file that becomes part of the contract with the Department of Health and Human Services. The master file is also the primary source document for each agency contract and is an integral part of ongoing quality assurance activities. Once the master file is established, it is the contractor's responsibility to automatically update any information contained therein at the time any change/revision occurs.

Quality assurance activities help to ensure the appropriate expenditures of public funds and the provision of quality services. Quality assurance activities may include, but are not limited to:

- Review of annual and semi-annual evaluation reports submitted by the agency.

- Sampling of clients/participants served through participant interviews, client interviews, surveys/questionnaires, case file reviews, and/or service verification.
- On-site verification of compliance with the posting of the following documents: (a) participant/client rights, (b) non-discrimination policies.
- On-site monitoring of compliance with governmental and contractual requirements related to the provision of services.
- On-site monitoring of a contractor's organization and management structure, fiscal accountability and/or verification of services provided.

**SAMPLE COVER LETTER**  
(ON PROPOSER LETTERHEAD)

ITEM # 1

DATE:

Ms. Lisa Marks, Interim Director  
Milwaukee County Department of Health and Human Services  
1220 West Vliet Street, Suite 301R  
Milwaukee, WI 53205

Dear Ms. Marks:

I am familiar with the *"Year 2010 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



# YEAR 2010 APPLICATION SUMMARY SHEET

ITEM # 2

Agency \_\_\_\_\_ Agency Director \_\_\_\_\_

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Agency Fiscal Period \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2010 program proposed in your application. Program name, and if applicable, a program number must be assigned to each program. This application must include programs from only one division. In order to apply for programs from more than one division, a separate, complete application must be submitted for each division.

Division: BHD\_\_\_DCSD\_\_\_DSD\_\_\_MSD\_\_\_Housing\_\_\_

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

**A. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation\_\_\_Expansion\_\_\_New\_\_\_

2009 Funding: \_\_\_\_\_ 2010 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

**B. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation\_\_\_Expansion\_\_\_New\_\_\_

2009 Funding: \_\_\_\_\_ 2010 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

**C. Program Number:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Continuation\_\_\_Expansion\_\_\_New\_\_\_

2009 Funding: \_\_\_\_\_ 2010 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE.  
PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS.

**YEAR 2010 AUTHORIZATION TO FILE RESOLUTION**  
**(Applicable for Non-Profit and For-Profit Corporations Only)**

ITEM #3

This is to certify that at the \_\_\_\_\_ (Date) meeting of the Board of Directors of \_\_\_\_\_ (Agency Name), the following resolution was introduced by \_\_\_\_\_ (Board Member's Name), and seconded by \_\_\_\_\_ (Board Member's Name), and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of \_\_\_\_\_ (Agency Name) hereby authorizes the filing of an application for the Year 2010 Milwaukee County Department of Health and Human Services (DHHS) funding.

In connection therewith,

\_\_\_\_\_ (Name and Title) and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to negotiate with Milwaukee County DHHS staff.

In accordance with the Bylaws (Article \_\_\_\_, Section \_\_\_\_ ) of \_\_\_\_\_ (Agency Name), \_\_\_\_\_ (Name and Title) and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to sign the Year 2010 Purchase of Service Contract(s).

Name: \_\_\_\_\_ (Signature of the Secretary of the Board of Directors) Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## YEAR 2010 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

**Please check all the statements below that describe your business entity:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership/Joint Venture       | <input type="checkbox"/> Service Corporation (SC)         |
| <input type="checkbox"/> For-Profit  | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietorship              |
| <input type="checkbox"/> Non-Profit  | <input type="checkbox"/> Single Member LLC               | <input type="checkbox"/> Individual Credentialed Provider |

**The agency has on file and agrees to make the following documents available for review upon request by Milwaukee County DHHS.**

\_\_\_\_\_ Articles of Incorporation (*applicable for Corporations only*)

\_\_\_\_\_ Operating Agreement (*applicable for LLC only*)

\_\_\_\_\_ Bylaws (*applicable for Corporations only*)

\_\_\_\_\_ Personnel Policies

\_\_\_\_\_ A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

\_\_\_\_\_ Audit Hotline Policy (see item 18)

\_\_\_\_\_ Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

\_\_\_\_\_ Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

\_\_\_\_\_ A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

\_\_\_\_\_ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

\_\_\_\_\_ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

\_\_\_\_\_ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and

5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

**Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2010 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS  
DEMOGRAPHY SUMMARY**

Ethnicity	Female	Male	Handicapped
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2010 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, AND  
GOVERNANCE (Applicable to for profit and nonprofit Corporations Only)**

Please list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year's distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

**In addition, a resume must be submitted for each board member. The resume should include the board member's name, education and experience but should exclude identifying information such as social security numbers, addresses, D.O.B and marital status.**

Board Member Name	Office Title	Term	% Owner-ship	Amount Distributions/ Dividends (\$)	Compensated? (Yes/No)	Independent? (Yes/No)	Resume Attached

Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals?

- ☐ Yes  
☐ No

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

**Board Committees/ Advisory Committees**

Committee Name	Committee Purpose

**The Board of Directors' 2010 meetings for the agency will be held on the following dates:**

January	May	September
February	June	October
March	July	November
April	August	December

**Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee County access to the meeting minutes upon request.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2010 AGENCY OWNERS/STOCKHOLDERS/OFFICERS***(applicable to all organizations)*

ITEM # 7

I. Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. *This Item applies to both For-profit and Non-profit agencies.*

Name	Status	Office Title	% Owner-ship	Amount of Distributions/ Dividends (\$)	Total Compensation (\$)*
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				

\*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## **YEAR 2010 AGENCY MISSION STATEMENT**

*ITEM # 8*

Agency: \_\_\_\_\_

Submit your agency's Mission Statement.

## **AGENCY ORGANIZATIONAL CHART**

*ITEM # 9*

Submit an organizational chart of the agency detailing each major department or program.

## **AGENCY LICENSES AND CERTIFICATIONS**

*ITEM # 10*

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

**YEAR 2010 INDEMNITY, DATA & INFORMATION  
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

**Indemnity/Insurance**

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

**Provision for Data and Information Systems Compliance**

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

**Health Insurance Portability and Accountability Act**

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## INSURANCE

ITEM # 12

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of the Contractor will use their personal vehicles to transport Milwaukee County employees, representatives or clients, or for any other purpose related to the provision of the billable services, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

TYPE OF COVERAGE	MINIMUM LIMITS
<b><u>Wisconsin Workers' Compensation</u></b> or Proof of all States Coverage	Statutory
<b><u>Employer's Liability</u></b>	\$100,000/\$500,000/\$100,000
<b><u>Commercial General and/or Business Owner's Liability</u></b>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence \$1,000,000 - General Aggregate
<b><u>Automobile Liability</u></b>	
Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists	\$1,000,000 Per Accident Per Wisconsin Requirements
<b><u>Professional Liability</u></b>	
To include Certified/Licensed Mental Health and AODA Clinics and Providers and Hospital, Licensed Physician or any other	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate As required by State Statute

qualified healthcare provider under Sect 655  
Statute

Wisconsin Patient Compensation Fund

Any non-qualified Provider under Sec 655 \$1,000,000 Per Occurrence/Claim  
Wisconsin Patient Compensation Fund Statute \$3,000,000 Annual Aggregate  
State of Wisconsin (indicate if Claims Made  
or Occurrence)

Other Licensed Professionals \$1,000,000 Per Occurrence  
\$2,000,000 Annual aggregate or  
Statutory limits whichever is higher

---

Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an "additional insured" endorsement, for general liability, automobile insurance, and umbrella/excess insurance. Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with "additional insured" endorsement are:

1. Transport companies insured through the State "Assigned Risk Business" (ARB).
2. Professional Liability where additional insured is not allowed.

Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Contract Administrator named as the "Certificate Holder") shall be submitted for review and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider's responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

CERTIFICATE HOLDER

Milwaukee County Department of Health and Human Services  
Contract Administrator  
1220 W. Vliet Street, Suite 109  
Milwaukee, WI 53205

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage* is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements.

All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.

Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager  
Milwaukee County Courthouse – Room 302  
901 North Ninth Street  
Milwaukee, WI 53233

## YEAR 2010 RELATED PARTY DISCLOSURES

ITEM # 13

### **Milwaukee County Employee**

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2007, 2008, and 2009 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2007 Wages	2008 Wages	2009 Wages

☐ **No employment relationship with current or former Milwaukee County employees (within 3 years) exists.**

### **Related Party Relationships**

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? ☐ Yes ☐ No

**If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.**

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**FORM 2C - YEAR 2010 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE** *ITEM # 14*

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

\_\_\_\_\_ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2010 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 15

### **Interest in Contract**

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

### **Interest of Other Public Officials**

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

### **Prohibited Practices**

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

Said chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this Request For Proposal through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this Request For Proposal.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

#### **Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

#### **Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

#### **Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

#### **Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

#### **Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

#### **Affirmative Action Plan**

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed \_\_\_\_\_ and the years covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

#### **Employees**

\_\_\_\_\_  
VENDOR certifies that it has \_\_\_\_\_ (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

#### **Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## YEAR 2010 EQUAL OPPORTUNITY POLICY

ITEM # 17

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

### **EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that Proposers are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

### **SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified Proposer for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr. \_\_\_\_\_. Ms. /Mr. \_\_\_\_\_ may be reached during week days at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

---

(Director or Chief Officer)

(Title)

(Date)

**This Policy Statement shall be posted in a conspicuous location.**

**Department of Audit Hotline**

Milwaukee County has set up the Department of Audit Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Department of Audit Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Department of Audit has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement"

A Hotline bulletin is attached(See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

**Certified** that, the copies of Audit Hotline poster have been posted at the prominent locations within our organization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

ITEM # 19

### CERTIFICATION STATEMENT

#### DEBARMENT AND SUSPENSION

The Proposer certifies to the best of its knowledge and belief, that its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## ADDITIONAL DISCLOSURES

ITEM # 20

1. Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation outlining the following:

- Date of citation or violation
- Description of violation
- Parties involved
- Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING YOUTH**

Proposer certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks, File No. 99-233. Agencies under contract shall conduct background checks at their own expense.

## **RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks shall be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be submitted, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not submit to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.
5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions

stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1<sup>st</sup> and 2<sup>nd</sup> degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHHS or its designee immediately.
12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

## CERTIFICATION STATEMENT

ITEM# 21

### RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING CHILDREN AND YOUTH

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

- (1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- (2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- (3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## CERTIFICATION STATEMENT

### RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). Agencies under contract shall conduct background checks at their own expense.

**DEFINITION: EMPLOYEES AS CAREGIVERS** (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)

A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**Cultural Diversity and Cultural Competence:** Milwaukee County Department of Health and Human Services (DHHS) is committed to the goal of cultural diversity and cultural competence in the workplace. DHHS considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

For the purposes of this application, the definitions of cultural diversity and cultural competence are:

**Cultural Diversity** – The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

**Cultural Competence** - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

## **CULTURAL COMPETENCE**

*ITEM # 23*

Describe your proposed strategy for developing and maintaining Cultural Competence. Please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. Identify specific actions taken by your agency during the previous year, if any, geared toward increasing Board and/or Staff diversity.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## CIVIL RIGHTS COMPLIANCE PLAN

ITEM # 24

Consistent with the U.S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development and the Department of Health and Family Services, all contract recipients **are required** to submit a Civil Rights Compliance Plan (CRCP) or Letter of Assurance (LOA) within 120 days of effective date of contract. This is **mandatory** for all agencies that meet the criteria listed below. If Contractor has submitted the CRCP to the State, the State letter indicating approval of the Plan shall be accepted by Milwaukee County in lieu of the CRCP.

### Entire Civil Rights Compliance Plan

- **Agency has 25 employees AND**
- **Agency has \$25,000 of combined revenues from the State and/or a County.**

Affirmative Action Plan	Exemption from Submitting Affirmative Action Plan (DOA 3024)	Equal Opportunity Policy	LEP Policy Statement	Discrimination Compliant Forms & Process	DOA Forms (Only if contracting directly with the State)
✓	✓ Applicable if agency has achieved balanced workforce, or has undergone an audit of its Affirmative Action Program within the last year. (Follow additional documentation guidelines set forth in DOA 3024.)	✓	✓	✓	✓ DOA Forms  3067 – Notice to Vendor Filing Information  3023 – Vendor's Sub-contractor's List

### Letter of Assurance (must conform with format on State website listed below)

- **Agency has less than 25 employees OR**
- **Agency does not have \$25,000 of combined revenues from the State and/or a County.**

Letter of Assurance	CRCP Cover Title Page	Request for Exemption from Submitting Affirmative Action Plan (DOA 3024)
✓	✓	✓

a) Completion forms, instructions, sample policies and plans are posted on the State website at:

[http://dcf.wisconsin.gov/civil\\_rights/default.htm](http://dcf.wisconsin.gov/civil_rights/default.htm)

Submit to:

Jane Alexopoulos  
Milwaukee County DHHS  
Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee WI 53205

**Part 2: BUDGET AND OTHER FINANCIAL INFORMATION**  
**INSTRUCTIONS and FORMS**

## IRS FORM 990

ITEM # 25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies who have never filed IRS Form 990

## CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM # 26

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

## BUDGET FORMS

ITEM # 27

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:

[http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/rfp2008/Budget\\_Forms\\_2008\\_JS\\_Fin\\_al.xls](http://www.county.milwaukee.gov/ImageLibrary/User/jsponholz/rfp2008/Budget_Forms_2008_JS_Fin_al.xls).

These forms must be used in the format provided, and completed according to the Instructions provided with the link forms under various tabs marked "Instructions". Any forms that have been altered will not be accepted; the item will be considered an omission in the application and will be scored accordingly during the review process. **All Proposers in addition to submitting a hard copy, must submit budget forms electronically to [dhhsca@milwcnty.com](mailto:dhhsca@milwcnty.com)** In the subject line indicate agency name, contract division (DSD, MSD, BHD, DCSD, or Housing) and "2010 budget forms" e.g. XYZAgency-DSD-2010 Budgetforms.xls

**Part 3: PROGRAM APPLICATION**  
**INSTRUCTIONS and FORMS**

## II. COMPLETE PART 3 FOR EACH PROGRAM

A separate PART 3, PROGRAM DESIGN, must be completed **for each program** for which an agency is requesting funds. Agencies are required to submit a separate program design section for each program, **not for each site**. If the agency offers the program at more than one site, Items 31 and 32 must be submitted **for each site**.

### PROGRAM ORGANIZATIONAL CHART

ITEM # 28

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

### PROGRAM LOGIC MODEL AND EVALUATION REPORT

*(To be included In Initial Submission of ALL Proposals)*

ITEM # 29a

Use single words or short phrases to describe the following:

**Inputs**-List the physical, financial, and human resources dedicated to the program.

**Processes/Program Activities**-List the services to be delivered, **to include any “Required Program Components” as described in the Program Requirements.**

**Outputs**-List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Requirements (See Section 5 for Program Requirements).**

**Expected Outcomes**-List the intended benefit(s) for participants during or after their involvement with a program, **to include all “Expected Outcomes” listed in the Program Requirements**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

**Indicators** –List the measurable approximations of the outcomes you are attempting to achieve, **to include any required “Indicators” listed in the Program Requirements.** Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see 2006 DHHS Outcomes Presentation, March 16, 2006, at: <http://www.county.milwaukee.gov/display/router.asp?docid=15483>

**Projected Level of Achievement**-Using column F of your Program Logic Model (Item 29a), **identify the number and percentage of participants you project will achieve each “Expected Outcome” for each program proposed.**

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

# PROGRAM LOGIC MODEL (Sample)

ITEM # 29a

A		B		C		C1		D		E		F		G		H	
Inputs	Processes/Program Activities	Outputs	For evaluation report	Expected Outcomes	Indicators	Projected level of achievement	For evaluation report										
			Actual level of achievement				Actual level of achievement	Description of changes									
example  Staff  Clients  Community sites (list major ones)  Community living curriculum  Transportation (vans)	Staff establish sites for community activities.	32 unduplicated clients will participate in 500 community living experiences.		Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome											
	Staff and clients identify community interests.			Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome											
	Staff arrange/coordinate transportation to/from community activities.			Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome											
	Staff facilitate community activities.																
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life																



# PROGRAM LOGIC MODEL

ITEM # 29a

A		B		C		C1		D		E		F		G		H	
Inputs	Processes/Program Activities	Outputs	For evaluation report		Expected Outcomes	Indicators	Projected level of achievement	For evaluation report									
			Actual level of achievement					Actual level of achievement	Description of changes								
example																	

## PROGRAM NARRATIVE

ITEM # 29b

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2010 Purchase of Service Guidelines: Program Requirements*.

**Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model. Refer to the *Year 2010 Purchase of Service Guidelines: Program Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include all Required Program Components, Required Documentation, Expected Outputs, Expected Outcomes, and Indicators. If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one indicator for each “Expected Outcome”.**

Describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation.

## PERFORMANCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For existing agencies (agencies with some history of operating activity) without current or recent-within last two years-DHHS contracting experience, complete and submit this form. **This document shall be completed by a prior fundor**, and is subject to verification.

Performance Assessment for (Agency)\_\_\_\_\_

From (Funding Source)\_\_\_\_\_

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program\_\_\_\_\_

2. When and for how long did Funding Source fund this program?\_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people did this program serve?\_\_\_\_\_

4. Target Population: What was the primary target population for this program?\_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source?\_\_\_\_\_/year

6. What services were provided through this program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N)\_\_\_\_\_

8. If no longer funding this program, why not?\_\_\_\_\_

\_\_\_\_\_

## PERFORMANCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c Page 2

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Achievement of established outcomes

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Timely submission of program reports

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Accurate submission of program reports

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed,

\_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW PROPOSER  
ORGANIZATIONAL LEADERSHIP**

ITEM # 29d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior fundor by a prior employer**, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

Performance assessment for (Individual): \_\_\_\_\_

From (Agency) \_\_\_\_\_

Please provide the following information relating to Individual's history with Agency.

1. Individual's title \_\_\_\_\_

\_\_\_\_\_

2. When and for how long did Individual work for Agency? \_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people were served by this program? \_\_\_\_\_

What was Individual's role in program administration?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

4. Target Population: What was the primary target population for this program? \_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source? \_\_\_\_\_/year

What was Individual's role in fiscal management of the program?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

6. What services were provided through this program? \_\_\_\_\_

\_\_\_\_\_

7. If no longer funding this program, why not? \_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP**

ITEM # 29d-Page 2

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Achievement of established outcomes

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Timely submission of program reports

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Accurate submission of program reports

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed, \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

## 2010 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: \_\_\_\_\_

Total number of unduplicated consumers you are currently serving: \_\_\_\_\_

Please check if your agency provides the following at this site:

- ☐ Programs for men   ☐ Programs for women   ☐ Programs for men & women  
☐ Services for pregnant women  
☐ Services for families with children   ☐ Childcare provided  
☐ Services for Persons Involved in the Criminal Justice System  
☐ Services for the Developmentally Disabled  
☐ Services for the Physically Disabled  
☐ Services for persons with co-occurring mental health and substance use disorders  
☐ Wheelchair accessible  
Hours of operation:   ☐ for specific program   ☐ for all programs at this site  
☐ Monday:  
☐ Tuesday:  
☐ Wednesday:  
☐ Thursday:  
☐ Friday:  
☐ Saturday:  
☐ Sunday:  
☐ Emergency contact available 24 hours   ☐ Emergency number \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **STAFFING PATTERN**

*ITEM # 31*

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided. Provide a description of your agency's proposed strategy for handling fluctuations in staffing needs. Please cite specific examples. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.



## YEAR 2010 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 32

Indicate the number of staff necessary to achieve your proposal objectives, considering only direct staff, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A.** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). ***Complete the attached roster (item 33) for current staff working in each program for which an application is being submitted.*** If the position is unfilled at the time of application submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled.

PROGRAM \_\_\_\_\_ 2010 PROGRAM  
No. \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ NO. OF STAFF: \_\_\_\_\_

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job).

Annual tuition reimbursement granted for this position: \$ \_\_\_\_\_

Annual turnover for *this position*, as measured by Total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this application divided by the Average number of employees in this position for the twelve months prior to completing this application (show calculation): \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

**For Behavioral Health Division applications, include copies of staff licenses, certifications and diplomas.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## CURRENT PERSONNEL ROSTER – DIRECT SERVICE STAFF

ITEM # 33

Employee Name	Position/ Title	Academic Degree(s)	Licens / Certificates	# Program related in- service / contin. educ. hours compl. in previous year	Years of exp. in related field	Years of exp. with clients in target pop.	Years of exp. with visually impaired clients as a target pop.	Years of exp. with hearing impaired clients as a target pop.	Years of exp. with clients with limited English proficiency	List languages spoken, other than English

### Certification Statement Regarding Provider Credentials

The contractor certifies the following: (1) all providers' licenses and certificates as listed above are current and valid; (2) providers are current and up-to-date with all training requirements as required by the State of Wisconsin; (3) the agency has a system in place to verify providers' credentials and completion of required education and training; and (4) the agency maintains all provider credentials on file and agrees to make these documents available for review upon request by Milwaukee County DHHS.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## PROGRAM ACCESSIBILITY

ITEM # 34

What is your agency's plan to serve clients:

- With physical disabilities
- With developmental disabilities
- With hearing impairment
- With visual impairment
- Who are non- English speaking or have limited English proficiency
- Who require personal care assistance

List any other services enhancing program access. e.g. agency located near public transportation, etc.

## **PROGRAM EVALUATION (No Submission Required with Proposal)**

ITEM # 35

**For agencies with 2009 DHHS contracts**, evaluation reports for current programs are due by July 31<sup>st</sup>, 2009. Compliance with this contract requirement constitutes “submission” of this application item. Evaluation reports must conform to the following, in format and content:

**Using Column G of your Program Logic Model (Item 29a) for the current year’s program, identify the number and percentage of participants who have achieved each “Expected Outcome” for each program delivered.** Using the Program Logic Model, the evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/post test, etc.) used to measure the achievement of the outcome. Using Column H of your Program Logic Model (Item 29a), describe modifications to program and/or indicators and/or projected level of achievement for future reporting periods, based on the findings of the evaluation.

Describe methods of data collection used. Describe how consumers and community members have been integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

**Evaluation Reports for the 12 months ending June 30, 2010 are due August 6, 2010. For new contractors, evaluation reports are for the 6 mos. ending June 30, 2010.**

*The evaluation reports should be submitted to the following persons:*

### ***Behavioral Health:***

Rochelle Landingham  
Contract Svcs Coordinator  
Behavioral Health Division  
9455 W. Watertown Plank Rd.  
Milwaukee, WI 53226

### ***Management Services:***

Judy Roemer-Muniz  
Contract Svcs Coordinator  
Management Services Division  
1220 W. Vliet St., Ste 109  
Milwaukee, WI 53205

### ***Housing:***

Wes Albinger  
Contract Svcs Coordinator  
DHHS Contract Administration  
1220 W. Vliet St., Ste 109  
Milwaukee, WI 53205

### ***Delinquency and Court Services:***

David Emerson  
Contract Services Coordinator  
Vel R. Phillips Juvenile Justice Center  
10201 Watertown Plank Road  
Wauwatosa, WI 53226

### ***Disabilities Services:***

Jane Alexopoulos  
Contract Services Coordinator  
DHHS Contract Administration  
1220 West Vliet Street, Suite 109  
Milwaukee, WI 53205

## CLIENT CHARACTERISTICS CHART

ITEM # 36

### ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

### HANDICAPPED DEFINITIONS

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

**2010 CLIENT CHARACTERISTICS CHART**

ITEM # 36

Agency Name \_\_\_\_\_

Disability/Target Group \_\_\_\_\_

Program Name \_\_\_\_\_

2010 Program # 

Facility Name &amp; \_\_\_\_\_

Address \_\_\_\_\_

**CY 2010 Estimated**

**1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page:**

**2. Age Group:**

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20			
e. 21 - 35			
f. 36 - 60			
g. 61 & over			
<b>TOTAL</b>			

**3. Sex:**

a. Female			
b. Male			
<b>TOTAL</b>			

**4. Ethnicity:**

a. Asian or Pacific Islander			
b. Black			
c. Hispanic			
d. American Indian or Alaskan Native			
e. White			
<b>TOTAL</b>			

**5. Other:**

a. Handicapped individuals			
b. Not applicable			
<b>TOTAL</b>			

Date Submitted: 

*The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year.*

(Rev 9/07)

## **PART 4: OVERVIEW OF PROPOSAL REVIEW PROCESS**

### **PROPOSAL REVIEW EVALUATION CRITERIA**

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**REQUEST FOR PROPOSAL REVIEW PROCESS**

**I. Proposal Review Panel Selection and Representation**

**A. Proposal Review Panel Selection**

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the Proposer has applied, or hold any ownership, contractual or employment interests in the Proposer or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

**B. Proposal Review Panel Representation**

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer / service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an Proposer;
- Proposer's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,
- program outcomes and performance reviews.



Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal is submitted** to provide a particular program or service will be **no more than two members**. The panel for only one proposal submitted to provide a program or service may be comprised of just one member if the member is a community representative. Alternately, if only one proposal is received and the proposer is an incumbent agency that is the current provider of the program services for which proposals are being requested, DHHS may convene a panel of two members to score the proposal; however, both panel members may be DHHS staff and a community representative is not required. If only one proposal is received, and the proposer is not an incumbent agency, the panel will be comprised of no more than two members, and at least one member must be a community representative.
3. Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit application items identified in the *Purchase of Service Guidelines: Technical Requirements*. Program, quality assurance and/or contract administration staff will perform a screening of items submitted by agencies in this category.
4. If an agency with a current contract is the only Proposer for the same program only an internal review and scoring will take place.

## **II. General Guidelines**

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to Division Administrators who may accept or dispute them. If a Division Administrator disputes an evaluation panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The panel shall then be reconvened to discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the

Milwaukee County Board of Supervisors when a contract recommendation is made by the Division Administrator.

- B. The primary measure of the quality of the Proposer's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent County contract performance of Proposers, or, for new Proposers, current and recent non-County contract performance, or, for new organizations, the current and recent experience of senior staff at Proposer's agency.
- C. The review process may include verification of assertions made by the Proposer in the proposal, including but not limited to site visits, record review and interviews and reference checking. The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the Proposer's ability to provide the proposed program, the Proposer's proposed program relative to that proposed by other Proposers, and the Proposer's proposed cost to provide the program or service compared to the cost proposed by other qualified Proposers.
- F. For omissions of requested items, Proposers will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.
- G. Division Administrators and/or the Health and Human Needs Committee of the County Board of Supervisors may consider factors other than scoring in making contract awards.

### **III. Proposal Evaluation Criteria for ALL contract divisions**

- A. **Administrative Ability - 12 points.** The Proposer demonstrates evidence of administrative capacity to meet federal, state, county and creditor requirements, including timeliness of required submissions and payment of obligations. Proposer demonstrates an ability to provide timely and accurate monthly client and financial reports. Proposer demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of Proposer in prior year's required submissions. For new Proposers, reviewers will consider the on time and accuracy rate of Proposer as described by the person providing the required

Performance Assessment report (item 31c or 31d). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Proposer shall describe its history, if any, as well as proposed strategy for handling crisis situations, as defined above, using specific examples. For full points, Proposer must have an existing system in place that addresses crisis situations. For Proposers without previous experience handling crisis situations, proposal will be scored based on the quality of proposed strategy. Examples of strategies to respond to crisis situations can include, but are not limited to: referral networks, flexible staffing arrangements-such as contingency workers, on-call staff, or “pool” workers, and other strategies to expand or reduce physical or staff capacity.

Administrative Ability will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

- B. **Budget Justification - 13 points.** The Proposer provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The Proposer's proposed cost to deliver the service, compared to other Proposers, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

- C. **Cultural Diversity and Cultural Competence - 9 points.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 38) and Employee Demographics Summary (Form 2B, Item 27). For full points, Proposer must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target population. If Proposer receives less than full points for this item, one point will be added to the score if the Proposer can demonstrate proof of specific action(s)

taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the Proposer's proposed methods for developing and maintaining Cultural Competence as well as the Proposer's history of performance in this area. Proposer must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, Proposer will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- D. **Previous Experience – 13 Points.** The Proposer's experience demonstrates the ability to provide the proposed service to the target group. For Proposers without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the Proposer following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Proposer currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- E. **Mission– 5 Points.** The Proposer has a clear and distinct mission and goal statement for its agency which is aligned with that of the contract division applied to.

Mission and Goals will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- F. **Outcomes and Quality Assurance – 13 Points.**  
For Proposers with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of program evaluation reports. For new Proposers or Proposers without a current

DHHS contract within the last two years, scores will be derived from item 29c or 29d as applicable.

Outcomes and Quality Assurance will also be scored based on reviewers' prior experience with Proposer, if applicable relating to these criteria.

**G. Service Plan and Delivery – 23 Points.**

Evaluation and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DHHS in the Year 2010 Purchase of Service Guidelines Program Requirements and the contract agency.
- Rationale and theories supporting the program activities. Proposers should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, Proposer must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 31a and b.

Service Delivery Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**H. Staffing Plan – 12 Points.** The Proposer demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Proposer's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Proposers' proposals. Compensation of lowest paid staff will be compared and ranked against the other Proposers' proposals.

Proposer must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, Proposer must indicate the required years of experience for direct service staff proposed for the program. Proposer must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Proposer must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**TOTAL SCORE**

**100 POINTS**

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 5:**

**PROGRAM REQUIREMENTS**

## 5. PROGRAM REQUIREMENTS

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<b><u>BEHAVIORAL HEALTH DIVISION</u></b>	<b><u>5-BHD-1</u></b>

#### CYCLE I

Community Living Support	
M008 Protective Payee Program	5-BHD-14
M009 Psycho-Social Drop-In Center	5-BHD-15
M010 Club House Model	5-BHD-16
Targeted Case Management	5-BHD-17
M013 Level 1	
M014 Level II	

***The following services are not open for competitive proposals (continuing contractors only):***

CYCLE II (Continuing Contractors Only)	5-BHD-20
CYCLE III (Continuing Contractors Only)	5-BHD-41

#### **DELINQUENCY & COURT SERVICES DIVISION**

DCSD 007 – Re-Entry Coordination Services	5-DCSD-4
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***The following services are not open for competitive proposals (continuing contractors only):***

DCSD 001 – Day Treatment Program	5-DCSD-9
DCSD 003 – Firearm Supervision Program	5-DCSD-14
DCSD 004 – First Time Juvenile Offender Program (FTJOP) – Tracking	5-DCSD-19
DCSD 005 – Foster Care Licensing and Case Management	5-DCSD-24
DCSD 006 – Group Care	5-DCSD-28
DCSD 008 – Level 2 In-Home Monitoring Program	5-DCSD-33
DCSD 009 – Serious Chronic Offender Program	5-DCSD-37
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DCSD 011 – Shelter Care	5-DCSD-45

## **DISABILITIES SERVICES DIVISION**

## **5-DSD-1**

DSD 005 - Advocacy/Consumer Education	5-DSD-4
DSD 006 - Work Programs	5-DSD-6
DSD 007 - Adult Day Services	5-DSD-9
DSD 008 - Adult Day – Integrative Community Based	5-DSD-11
DSD 011 – Recreation	5-DSD-15
DSD 012 - Respite-Adult	5-DSD-16
DSD 012 - Respite-Children	5-DSD-17
DSD 012CR - Crisis Respite Home	5-DSD-18
DSD 014 - Assertive Case Intervention	5-DSD-24
DSD 015 - Supportive Living Options	5-DSD-28
DSD 016 - Supported Parenting	5-DSD-30
DSD 017 - Person Centered Planning	5-DSD-34
DSD 018 - Targeted Case Management	5-DSD-37
DSD 019 - Disability Benefit Specialist	5-DSD-40

***The following services are not open for competitive proposals (continuing contractors only):***

DSD 009 -Early Intervention Birth – 3	5-DSD-48
DSD 021- Fiscal Agent Services	5-DSD-54

## **HOUSING DIVISION**

## **5-HD-1**

H 005 - Homeless/Emergency Shelter Care	5-HD-1
H 003 - Coordinated Community Housing	5-HD-3
H 004 - Battered Women’s Counseling	5-HD-5

***The following services are not open for competitive proposals (continuing contractors only):***

H 007 - Guest House - Prairie Apartments	5-HD-7
H 008 - Our Space – United House	5-HD-10



H 009 - Hope House – Johnston Center Residences	5-HD-13
H 001 - Transitional Housing Program (THP) Management	5-HD-16
H 006 - Resident Management at Hillview	5-HD-18
H 002 - Supported Apartment Program	5-HD-20

## **MANAGEMENT SERVICES DIVISION**

**5-MSD-1**

***The following services are not open for competitive proposals (continuing contractors only):***

MSD003 - Wisconsin Home Energy Assistance Program	5-MSD-1
MSD004 - Community Information Line (211)	5-MSD-11

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## 2010 TENTATIVE CONTRACT ALLOCATIONS

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### **BEHAVIORAL HEALTH DIVISION**

<b>Recommended Programs</b>	<b>2010 * Tentative Allocations</b>
Service Access and Prevention <sup>C2</sup>	\$1,111,186
Inpatient and Institutional Care: Detox <sup>C3</sup>	\$2,572,145
Community Treatment (Outpatient) <sup>C2</sup>	\$2,410,593
Community Living Support <sup>C1</sup>	\$412,155
Community Based Residential Programs <sup>C3</sup>	\$4,738,468
Targeted Case Management <sup>C1</sup>	\$3,253,611
Community Support Programs <sup>C2</sup>	\$4,649,492

**\*Final 2010 allocations are contingent on the 2010 adopted budget.**

Behavioral Health Division has three-year program contract cycles. They are as follows:

	<u>Applications Open In</u>	<u>For Con- tract Year</u>
<b>Cycle I</b>	Community Living Support Programs	2010
	Targeted Case Management	2010
<b>Cycle II</b>	Central Intake Unit	2011
	Service Access Prevention - MH/AODA	2011
<b>Cycle III</b>	Secure Emergency Detoxification	2012

Programs are only required to submit full applications for panel review once every three years. Assuming satisfactory performance and the continued availability of funds, agencies submit abbreviated applications and are given a one-year contract extension during each year their proposals are not being reviewed by a full panel.

For Contract Year 2010, only Cycle I programs are open for competitive proposals. New, full applications will be accepted for Cycle I programs only.

An abbreviated review will be performed on Cycle II and III programs. Cycle II and III programs should follow the Final Submission procedures outlined in the Technical Requirements manual.

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## 2010 TENTATIVE CONTRACT ALLOCATIONS

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### DELINQUENCY AND COURT SERVICES DIVISION

Program Number DCSD 007, Community Re-Entry, is the only program for which Delinquency and Court Services Division is issuing a Request for Proposal (RFP) for contract year 2010. A **complete application** package is required. The remaining DCSD programs currently fall within a multi-year contracting cycle and **are not open** to new provider agencies. The current provider agencies for these services must file a **partial application** package for each program that includes all the items listed under FINAL SUBMISSION plus the Authorization to File for 2010. Please refer to the **2010 POS Technical Requirements** section of this CD.

#### Recommended Programs

<u>Program #</u>	<u>Program/ Service Name</u>	<u>2010* Tentative Allocation</u>
DCSD 001	Day Treatment Program	\$1,222,668
DCSD 003	Firearms Supervision Services	\$756,677
DCSD 004	First Time Juvenile Offender Program (FTJOP) - Tracking	\$430,000
DCSD 005	Foster Care Licensing and Case Management	\$100,000
DCSD 006	Group Care (32 Beds)	\$1,208,128
DCSD 007	Re-Entry Coordination Services	\$150,000
DCSD 008	Level 2 In-Home Monitoring Services`	\$1,145,436
DCSD 009	Serious Chronic Offender Services	\$494,067
DCSD 010	Adolescent Sex Offender Treatment Program	\$134,912
DCSD 011	Shelter Care	\$2,178,483

**\*Final 2010 allocations are contingent upon the 2010 adopted budget.**

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## 2010 TENTATIVE CONTRACT ALLOCATIONS

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### DISABILITIES SERVICES DIVISION (DSD)

**IMPORTANT NOTE: DSD anticipates implementation of Family Care expansion for persons with disabilities age 18 through 59 in CY 2009. It has not been determined to what extent DSD will continue funding for existing purchase of service contracts after we implement the Family Care expansion project.**

The following programs and tentative funding allocations are subject to continuing review by Milwaukee County. It is likely that there will be significant reductions in all categories of DSD purchase of service funding, the specific impact of which cannot be predicted prior to adoption of the 2010 budget. Therefore agencies should submit budget assumptions that were consistent with CY 2009. Agencies should not anticipate any increases in number of clients served or units of service provided.

Once this implementation begins, it will be the policy of DSD that any person receiving services provided under a DSD purchase of service contract, who is eligible for Family Care or the Medicaid Waivers, to be offered the option to enroll in one of these programs to obtain needed services. Any individual eligible for one of these programs, who elects not to enroll in that program or another Long Term Care option, will no longer have services available under purchase of service contract funding. In addition, all DSD purchase of service providers should be aware that after implementation of Family Care expansion, funding formerly provided to support individuals who are determined eligible for the Family Care or Medicaid Waivers, will not be allocated for the same services and contracts will be reduced correspondingly to support only those individuals determined ineligible for Family Care or Medicaid Waivers. Therefore, providers should begin to plan appropriately for budget adjustments. The process for identifying who is Family Care or Medicaid Waiver eligible and who is not has begun. The Division will be working closely with each provider affected by this transition. It should also be noted that it has not been determined to what extent DSD will be able to continue funding for existing purchase of service contracts after implementation of the Family Care expansion project.

<b><u>Recommended Programs</u></b>	<b>2010 * Tentative Allocations</b>
DSD 012CR - Crisis Respite Home	\$250,000
DSD019 - Disabilities Benefit Specialist	\$342,604
DSD 005 - Advocacy	**
DSD 005 - Advocacy/Consumer Education	**
DSD 006 - Work Services	**
DSD 007 - Day Services	**

DSD 008 - Day Services - Integrative Community Based	**
DSD 010 - Employment Options	**
DSD 011 – Recreation	**
DSD 012 - Respite	**
DSD 014 - Assertive Case Intervention	**
DSD 015 - Supportive Living Options	**
DSD 016 - Supported Parenting	**
DSD 017 - Person-Centered Planning	**
DSD 018 - Targeted Case Management	**

**\*Final 2010 allocations are contingent on the 2010 adopted budget.**

**\*\* For funding and allocation guidance, please refer to “Important Note” above.**

Disabilities Services Division has three-year program contract cycles in several program areas. Only the above programs are open for competitive bid in the 2010 contract process. New applications will be accepted for these programs only.

Agencies that are currently in a multi-year contract cycle (do not require a competitive panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3) as found in the Application Contents section of the *Purchase of Service Guidelines - Technical Requirement*.

The following are continuing programs in a multi-year cycle and are not open to competitive proposals:

### **DEVELOPMENTAL DISABILITIES - CHILDREN**

DSD 009 - Early Intervention - Birth to Three	\$4,550,023
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## 2010 TENTATIVE CONTRACT ALLOCATIONS

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<u>HOUSING DIVISION</u>		2010 *
<u>Recommended Programs</u>		<u>Tentative Allocations</u>
H 003	Coordinated Community Housing	\$45,000
H 004	Battered Women's counseling	\$30,353
H 005	Homeless/Emergency Shelter Care	\$418,881

**\*Final 2010 allocations are contingent on the 2010 adopted budget.**

*The following are continuing programs in a multi-year cycle and are not open to competitive proposals:*

H 001	Transitional Housing Program (THP) Management
H 002	Supported Apartment Program
H 006	Resident Management at Hillview
H 007	Guest House - Prairie Apartments
H 008	Our Space – United House
H 009	Hope House – Johnston Center Residences

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## 2010 TENTATIVE CONTRACT ALLOCATIONS

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### **MANAGEMENT SERVICES DIVISION**

The following are continuing programs in a multi-year cycle and are **not open** to competitive proposals:

<b><u>Recommended Programs</u></b>	<b><u>2010 * Tentative Allocations</u></b>
<b>Wisconsin Home Energy Assistance Program</b>	
1. LIHEAP General Operations	\$601,787
2. Public Benefits Operations	\$389,827
3. LIHEAP Crisis Client Services	\$833,395
4. Outreach	\$345,986
<b>Community Information Line (211 Line)</b>	<b>\$150,000</b>

\*Final 2010 allocations are contingent on the 2010 adopted budget.

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## Behavioral Health Division

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The Milwaukee County Behavioral Health Division (BHD) Adult Community Services Branch is embarking on a process of system transformation to more effectively and efficiently meet the mental health and co-occurring needs of consumers who are currently within our service system.

States have a new option to use Medicaid funds for home and community based services (HCBS) for people considered disabled by a mental illness without needing to obtain a waiver from the federal government. The Deficit Reduction Act of 2005 added a new section 1915(i) to the Social Security Act that allows states the option to provide HCBS using the state plan amendment process. A significant advantage of the state plan option in comparison to the waiver is that states do not have to demonstrate budget neutrality. It has been nearly impossible for states to secure HCBS waivers for adults aged 22-64 with a mental illness because they could not meet the waiver requirement for budget neutrality. Governor Doyle included a provision in the biennial budget for the State of Wisconsin to apply for this benefit. Upon approval from the federal government, the Behavioral Health Division (BHD) will operate this program for Milwaukee County.

Key elements of the new service option include:

- The HCBS state plan option services package can include: case management; homemaker services; home health aide services; personal care services; adult day health services; habilitation services including supported employment; respite care; and day treatment and other partial hospitalization services, psychosocial rehabilitation services, and clinic services for individuals with chronic mental illness. States are not required to provide the entire array in their service package. Wisconsin has indicated it will include the following services in its initial array: case management and psychosocial rehabilitation including in-home services, supported employment and peer-to-peer services. The State has the option to expand the service array at a later date to include clinic services.
- Individuals are eligible for the HCBS state plan option only if they have income no more than 150% of the poverty level and are eligible for Medicaid.
- The needs-based criteria for the HCBS option must be less stringent than the level of care required for an institution (i.e., nursing facility, hospital, or ICF/MR). Wisconsin will use the functional screen to comply with the needs-based criteria. If enrollment exceeds what the state projects, a state may modify the needs-based criteria.



Milwaukee County began working with the State in spring 2008 in anticipation of applying for the HCBS state plan option. The State estimates that it will file an application to amend the state plan later this year. Some services could be “back-billed” to the state plan amendment approval date. There are significant financial advantages in implementing 1915(i), including:

- Services would be cost reimbursable. The state will devise methodology to reimburse services on an actual cost basis, including 7% County administrative costs. This could potentially save BHD a significant amount of money, because the Federal Financial Participation (the amount Medicaid actually pays to providers) would be much greater as a result.
- Services could be bundled together to reimburse at a residential level of care. This is significant to Milwaukee County, because currently the County reimburses 100% of the cost since Medicaid does not cover residential care. With the implementation of 1915(i), the County could draw down Federal Financial Participation (minus room and board).

### **Developing a Fee-for-Service Network**

Mental health contracts providing direct client services are in the process of being converted to fee-for-service agreements to take advantage of the newly enhanced Medicaid Federal Financial Participation revenue stream available via 1915(i) in 2010. Mental health residential treatment programs will be the first to be converted from purchase of service contracts to fee for service agreements beginning September 1, 2009 and followed later this year by outpatient services. BHD is releasing a Request for Information to all licensed mental health outpatient clinics in Milwaukee County this summer to expand outpatient capacity utilizing a fee-for-service arrangement. Case management contracts will be converted in 2010, and contracts will be executed with providers for a partial year until the conversion to fee-for-service takes place. The balance of money that would otherwise have been used to fund the contracts for the entire year will be set aside as the fund source to purchase services once the conversions take place.

Another significant benefit of implementing fee-for service agreements is that the community mental health and substance abuse delivery systems will be much more closely aligned in terms of infrastructure and business processes. Historically, individuals with co-occurring mental health and substance use disorders received sequential or parallel treatment from the separate mental health and substance abuse treatment systems, resulting in fragmented and duplicative care. Establishing the same management information platform for both systems sets the stage to pursue co-occurring integrated care, and create clinical, operational, and cost efficiencies within one system.

As plans continue to develop, proposers should be aware that contract relationships for some programs may change in 2010, from Purchase of Service Contracts to Fee-For-Service Agreements.

## **Data Requirements**

The selected contractors will be required to comply with the Behavioral Health Division's (BHD) Management Information System data needs. This data includes, but is not limited to, consumer registration data, service data, agency financial data, performance measurement data and data required by the State of Wisconsin, including Human Services Reporting System (HSRS), etc. The contractor will have the sufficient technological capacity to adapt agency data systems as necessary to accommodate any and all changes to data reporting requirements as required by BHD. Changes have included, but are not limited to, compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards and the Remote Access Project data collection and reporting requirements.

All electronic data files required will meet BHD file format requirements (in the development phase). Should modifications to these requirements be necessary, the contractor will comply with any required modifications to meet these requirements as requested by BHD within 90 days of written notification. Failure to comply with required reporting requirements will result in withholding of payment.

The contractor will be required to report all necessary information in a timely manner consistent with the needs of BHD.

## **Hardware, Software and Procedural Requirements**

The contractor will also need to meet the minimum computer hardware and software standards as specified by both the BHD and the Milwaukee County Information Management Services Division.

Our current usage of web based access to the CMHC MIS in both mental health and substance abuse the minimum requirements are that all personal computer equipment used to access CMHC should be at least a Pentium IV or Athlon XP Pro, 512 MB of memory, CD-ROM drive or access to network CD-ROM for installation, 300 MB of free disk space or higher for installation and working space during processing, 800 x 600 SVGA display with 256 colors and 16MB of video RAM, Parallel port, TCP/IP Ethernet connection of 10BT, 14" color monitor capable of SVGA display running Windows 2000 Professional or Windows XP Professional. Microsoft Internet Explorer 6.0 or higher.

Each computer should also have a 56K modem installed but broadband access is recommend for best performance. Required software includes Microsoft Office.

The contractor will also be required to allow the installation of a VPN [Virtual Private Network] client and BHD provided FTP client for access to the BHD local area network for service reporting purposes if required.

The contractor will be required to complete and submit a User Login Request form and Confidentiality Statement for each agency employee requiring access to the BHD

primary database or local area network. BHD will provide the technical support to establish connectivity to the BHD local area network and primary database. The contractor will be solely responsible for subsequent technical support. BHD Management Information Staff will not provide on-going technical support to contract agencies.

**Please complete the [Information System Requirement Checklist](#) and attach to your proposal.**

## Outpatient Reporting Requirements

The following three files are to be submitted monthly for all clients served under the vendor's contract with the Behavioral Health Division. The files are due on the 8<sup>th</sup> of the month and must contain all clients served during the previous month (files 1 and 2) and all services provided during the previous month (file 3). The files should be delimited text files (a separate delimited text file for each of the three files), transmitted to BHD's secure server electronically.

### FILE 1: DEMOGRAPHIC INFORMATION (1 record per client)

Item	Data Type	Length	Format	Required?
Agency's unique client ID	Alpha	20	Right-justify	Y
MHD's unique medical record number	Numeric	9	Include leading zeroes	N
Date of last contact	Date	10	MM/DD/YYYY	Y
Client last name	Alpha	20		Y
Client first name	Alpha	20		Y
Client middle name	Alpha	20		N
Street address	Alpha	26		N
Additional address info (apt. #, etc)	Alpha	26		N
City	Alpha	20		N
State	Alpha	2		N
Zip code	Alpha	10		N
County	Alpha	2	01-Milwaukee 02-Ozaukee 03-Racine 04-Walworth 05-Washington 06-Waukesha 98-Other 99-Unknown	N (We will default to 01 if none is supplied)
Birth date	Date	10	MM/DD/YYYY	Y
Sex	Alpha	1	M or F	Y
Ethnic code	Alpha	2	A-Asian B-African American H-Hispanic I-American Indian W-White	N
Social Security number	Alpha	11	999-99-9999	Y
Marital status	Alpha	1	D-Divorced M-Married S-Single W-Widowed X-Separated U-Unknown	N
Medical Assistance Number	Numeric	10		N

**FILE 2: EPISODE OF CARE/HSRS INFORMATION (1 record per client)**

Item	Data Type	Length	Format	Required?
Agency's unique client ID	Alpha	20	Right-justify	Y
Service open date	Date	10	MM/DD/YYYY	Y
Reporting Unit	Numeric	3	xxx	Y
Discharge date	Date	10	MM/DD/YYYY	Yes if Client is discharged. Otherwise No
Client characteristic 1	Alpha	2	See table below for list of valid values	N (We will default to 99 if none is supplied)
Client characteristic 2	Alpha	2	See table below for list of valid values	N
Client characteristic 3	Alpha	2	See table below for list of valid values	N
Commitment status	Alpha	2	01-Voluntary 02-Voluntary w/Settlement Agreement 03-Involuntary Civil - Ch. 51 04-Involuntary Civil - Ch. 55 05-Involuntary Criminal	Y
Number of children	Numeric	2		N (We will default to 0 if none is supplied)
Number of children living w/client	Numeric	2		N (We will default to 0 if none is supplied)
Severity/BRC Target Population	Alpha	2	H- In Need of Ongoing, High Intensity, Comprehensive Services L- In Need of Ongoing, Low Intensity Services S- In Need of	Y

			Short-term Situational Services	
Presenting problem 1	Alpha	3	ABU-Abuse/ assault/ rape victim ACT-Activity level difficulties ADL-Problems coping w/daily activity AFF-Affective disturbance ALC-Alcohol CJS-Criminal justice system involvement DAO-Dangerous to others DRU-Drugs ED-Emergency detention FAM-Marital/ family problem NTR-Nutritional PHY-Medical/ somatic RUN-Runaway behavior SI – Suicide attempt/threat/ danger SOC-Social/ interpersonal THO-Thought disturbance	Y
Presenting problem 2	Alpha	3	Same codes as above	N
Presenting problem 3	Alpha	3	Same codes as above	N
DSM IV Axis I Primary Diagnosis	Alpha	5	No decimal	Either Axis I primary or Axis II primary is required
DSM IV Axis I Secondary Diagnosis	Alpha	5	No decimal	N
DSM IV Axis I Tertiary Diagnosis	Alpha	5	No decimal	N

DSM IV Axis II Primary Diagnosis	Alpha	5	No decimal	Either Axis I primary or Axis II primary required
DSM IV Axis II Secondary Diagnosis	Alpha	5	No decimal	N
DSM IV Axis II Tertiary Diagnosis	Alpha	5	No decimal	N
DSM IV Axis III Primary Diagnosis	Alpha	5	No decimal	N
DSM IV Axis III Secondary Diagnosis	Alpha	5	No decimal	N
DSM IV Axis III Tertiary Diagnosis	Alpha	5	No decimal	N
Closing Reason	Alpha	2	01-Completed Treatment - Major Improvement 02-Completed Treatment - Moderate Improvement 03-Completed Treatment - No positive change 04-Transferred to another community based resource 05-Administratively discontinued service (no contact with agency for 90 days) 06-Referred 07-Withdrew against staff advice 08-Funding/Authorization expired 09-Incarcerated (local jail/prison) 10-Entered Nursing Home or Institutional Care (IMD, CCI, etc.) 11-No Probable Cause 99-Death	Yes when discharge date is present (Client is discharged). Otherwise No

FILE 3: EVENT INFORMATION (1 record per service provided)

Item	Data Type	Length	Format	Required?
Agency's unique client ID	Alpha	20	Right-justify	Y
Staff ID	Numeric	6	9902 for MCW 9927 for Recovery	Y
Staff type	Alpha	2	01-Psychiatrist 02-Physician 03-Psychologist 04-Psych Social Worker 05-Case Worker 06-M/H Assistant 07-O/T Registered 08-O/T Assistant 09-Recreation Therapist 10-Music Therapist 11-Cert. O/T Assistant 12-Psych Resident 13-Registered Nurse 14-Registered Nurse Master 15-AODA Counselor 16-Rehab Counselor	Y
Reporting unit	Numeric	3	610,611-MCW 625-Recovery	Y
Date of service	Date	10	MM/DD/YYYY	Y
Time of service	Time	5	HH:MM (time of day - military)	Y
Service code	Alpha	6	90782-Injection 90801-Psych Diagnostic 90804-Ind. Therapy 20-30 min. 90805-Ind. Therapy w/E&M, 20-30 min. 90806-Ind. Therapy 45-50 min. 90807-Ind. Therapy	Y



			w/E&M, 45-50 min. 90808-Ind. Therapy 75-80 min. 90809-Ind. Therapy w/E&M, 75-80 min. 90847-Family Therapy 90853-Group Therapy 90862-Medication Mgmt 96100-Psych. Testing 99361-Case Management	
Duration	Time	5	HH:MM (length of time)	Y
Location code	Numeric	1	1-At Center 2-Client's Home 3-Other Hospital 4-Court/Jail 5-School 6-EAP Client's Office 7-Community 9-Other Location	N (We will default to 1)
Recipient code	Numeric	1	1-Client Only 2-Collaterals Only 3-Family Member(s) Only 4-Client and Collateral(s) 5-Client & Family Member(s) 6-Client & Family & Collaterals 7-Telephone Contact 8-Staff Only 9-No Recipient	N (We will default to 1)

Requirements for Mental Health Contracts Only  
Residential, Case Management and Community Support Programs

On the 6th of each month after 1:00 PM, BHD will provide for contract agencies a list, in the form of a text file, of Client/Patient/Consumer that have an open episode on CMHC with that agency. A separate list will be provided for each provider/site/funding source combination for each Client/Patient/Consumer in a file on BHD's file Server, to be

retrieved by FTP via a VPN connection. This information is updated by agency staff through Registration and Assessment Packet (RAP) through CMHC BUI web based entry. The text file created for each contract agency each month will contain:

Item	Data Type	Length
SCRIPTS Case Number	Alpha	10
Client Last Name	Alpha	26
Client First Name	Alpha	26
Social Security Number	Numeric	9
MHC Medical Record Number	Numeric	9
CMHC Staff ID	Numeric	4
CMHC Reporting Unit	Numeric	4

SCRIPTS Case Number - this is the ID that contract agencies previously used to identify client to SAIL.

MHC Medical Record Number - CMHC/MIS system of identifying the client. This field is provided on the file to enable the contract agency to include it in their file to us thus tying the service information to the correct client in the CMHC/MIS system.

Staff ID- Required by CMHC/MIS and will be used as a generic staff ID to indicate that the service was provided by a contract agency. Contract agencies will not have to indicate specifically which staff member provided the service.

Reporting Unit - Required by CMHC/MIS. Indicates where (i.e. under what provider/site/funding source) the service was provided. One or more reporting units have been set up for each contract agency in the system.

On the 11th of each month before 4:00 PM, the contract agencies use the above text file of Client/Patient/Consumer, add the service information, and return a text file to BHD. Service information is reported in summary rather than detail - i.e. the agency reports total number of units for the month, using the last day of the month as Date of Service. The information must be in the following format. All fields are required.

Item	Data Type	Length
MHC Medical Record Number	Numeric	9
CMHC Staff ID	Numeric	4
CMHC Reporting Unit	Numeric	4
Date of Service	Date	MMDDYYYY
Service Duration	Numeric	In days, hours or 15-minute increments, depending on the service.
Service Code	Alpha	3

The first three fields are the information that the MHD text file originally provided. The remaining fields must be filled in by the agency:

Date of Service - The last day of the reporting month.

Service Duration - Equals number of units of service. This should be entered as whole number units of service, i.e., units = days for residential services; hours for day treatment and work services; quarter-hour increments for CSP's and other outpatient services.

Service Code - Service codes as assigned by BHD – SAIL Service Manager – Information Services

BHD requires agencies to report electronically and will work with each agency to facilitate this process. Contract Agencies will have a variety of options available to them for completing this process. The only requirement is that the returned file must have the format outlined above.

Option 1: Use a spreadsheet

Import the provided text file into a spreadsheet, add the service information in the spreadsheet and create a file to be returned to us. The Behavioral Health Division (BHD) Information Systems staff will provide a standard spreadsheet for agency use.

Option 2: Use database software

Import the provided text file into a database application, add the service information in the database application and create a text file to be returned.

Option 3: Create an extract file from their own computer system

Extract the service information from a contract agency computer system into a file to be sent to BHD. The agency must develop their own extract and must be able to provide the data in the format described in the table above.

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**BEHAVIORAL HEALTH DIVISION**  
**Information System Requirement Checklist**

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Agency Name \_\_\_\_\_

Person filling out form \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact E-mail \_\_\_\_\_

As of \_\_\_\_\_ (date) the agency computers have...

Processors

- ☐ Pentium IV or Athlon XP Pro or better
- ☐ Less than Pentium IV or Athlon XP Pro Memory
- ☐ 512 MB or more
- ☐ Less than 512 MB Internet Connectivity
- ☐ Broadband Internet access
- ☐ 56K modem
- ☐ Both (56K modem and Broadband)
- ☐ Less than 56K modem, or no Internet connectivity

As of \_\_\_\_\_ (date) the agency computers use...

Web Browser

- ☐ Internet Explorer 6.0 or higher
- ☐ Less than Internet Explorer 6.0 or another web browser Software
- ☐ Microsoft Office
- ☐ Not Microsoft Office

*Signed* \_\_\_\_\_

*Dated* \_\_\_\_\_

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## **CYCLE I**

### **Community Living Support Services**

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#### **PROTECTIVE PAYEE PROGRAM #M008**

Protective payee programs provide services to individuals who have a primary mental illness and require assistance with financial management in order to live independently in the community. They do not require residential or case management services but may need representative payeeships, financial counseling, budget teaching and referral for any additional entitlement.

Protective payee programs are expected to work toward having consumers gradually assume more control over their own finances, with the goal of eventual independence in financial management, in keeping with the skills and abilities of the individuals. The program is also expected to document the anticipated outcomes and monitor progress toward those outcomes.

#### **Access**

Access to contracted payeeship services is achieved through referral from SAIL-Service Access to Independent Living. For agencies with existing caseloads, SAIL will use the referral process to fill cases lost to attrition or division.

#### **Unit of Service**

The unit of service for protective payee services is one-quarter hour of direct service time. Direct service time is staff time spent in providing service to the program participants, which includes face-to-face contacts (office or field), and time spent in documenting services. Not included in direct service time are staff meetings, in-services, etc. Direct service time also includes collateral contacts which are face-to-face or by phone. Collateral contacts are those individuals involved by virtue of their relationship to the program participant, i.e., family, physician, and other service providers.

#### **Documentation**

**Service time must be documented through an entry in the case notes. All records for individuals served must be kept in a central file with documentation, which includes: date of contact, type of contact (face-to-face, phone, collateral, etc.) and length of contact. A case plan must include income, monthly budget and disbursements, anticipated outcomes and methods used to attain outcomes, as well as progress towards achievement of outcomes.**

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## **Psychosocial Drop In Center Program #M009**

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Psychosocial clubs serve as points of soft entry for individuals experiencing severe and persistent mental illness. They are based on the concept of involvement and acceptance as a required component of engagement in broader community membership. Clubs are meant for individuals with severe and persistent mental illness living in the community and in need of social experiences and movement toward recovery.

Members of the club volunteer their time to participate in the planning and carrying out of club activities, which include: social/recreational groups, community outings, and travel/tour activities. While members are free to select elements of the offerings, they are encouraged to be an integral part of the planning and growth of meaningful activities, as well as providing mentorship for new members. The club also needs to contain some elements of prevocational activity, i.e., a job club, so that individuals have an opportunity for enhanced movement toward recovery.

In order to ensure that individuals experiencing severe and persistent mental illness are welcome within the club, and that adequate numbers of members are served, it is essential that outreach be done to programs serving that population, i.e., CSP and TCM. Vendors are encouraged to explore transportation options to make programs more accessible. They are also encouraged to have Board members who can assist with fund raising, legal issues and community support.

### **Target Population**

The primary population to be considered for this program is persons with severe and persistent mental illness; in particular those referred by Behavioral Health Division providers.

### **Unit of Service**

Vendors will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for actual expenses or 1/12 (one-twelfth) of the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by Behavioral Health Division and may include program, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

### **Documentation**

Financial records/ CPA audit, annual report of numbers of members served and sources of referrals.

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## **Psychosocial Rehabilitation Program (Clubhouse Model)**

### **Program #M010**

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The Clubhouse Psychosocial Rehabilitation Program is a model of psychiatric rehabilitation, which operates as a club with participants as members, rather than clients. Central to its philosophy is the belief that work is important for all people and that people experiencing mental illness, even severe illness, have potential to grow and develop and to make productive contributions to the community. Parallel to the importance of work, individuals have a need to have opportunities for socialization. The clubhouse provides a place for social interchange, relationships and social support in the evenings, on weekends and especially on holidays.

The clubhouse is to have significant representation of their membership on the Board. It is also expected that members will have full membership in the planning processes and all other operations of the club. Because entry to a club may be difficult for some potential members, it is important that there are other members available and able to mentor incoming members. It is also important to have a flexible entry process, allowing for individualized needs to be met.

While work is an essential part of the clubhouse model, prevocational and engagement efforts need to be available and tailored to the individual's needs. It is anticipated that with increased socialization opportunities, individual isolation will decrease, members will be more willing to consider the other opportunities the club has to offer and begin the journey toward recovery and full community membership.

#### **Target Population**

The primary population to be considered for this program is persons with severe and persistent mental illness; in particular those referred by Behavioral Health Division providers.

#### **Unit of Service**

The vendor will be reimbursed for expenses up to 1/12(one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses of the 1/12(one-twelfth) or the contract amount; whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Behavioral Health Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

#### **Documentation**

Financial records/CPA audit, annual report of numbers of members served and other source of referrals.

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## Targeted Case Management Program (TCM) #M0013 & #M0014

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### Definition

Targeted case management is a modality of mental health practice which addresses the overall maintenance of a person with mental illness including his / her physical, psychological and social environment with the goal of facilitating physical survival, personal health, community participation and recovery from or adaptation to mental illness. Targeted case management puts primary emphasis on a therapeutic relationship and continuity of care.

### Target population

Persons served by TCM services have Axis I and / or Axis II diagnoses without the severity or persistence that qualifies them for a CSP and yet have a disorder requiring more than outpatient or ambulatory therapy. The target population is at high risk for re-hospitalization or for drifting into the chronic young adult population and/ or often have concomitant substance abuse, developmental disorders, organic illness and homelessness. Persons who are served by the program must:

- Be a Milwaukee county resident;
- Be at least 18 years of age **and if over the age of 60 have been screened for Family Care;**
- Have an Axis I diagnosis with either psychotic or major affective disorder or an Axis II diagnosis in cluster A or B, based on DSM-IV;
- Have demonstrated functional limitation in the last six months in one or more of the following areas: housing, employment, medication management, court mandated mental health services, money management, or symptom escalation to the point of requiring emergency intervention or hospitalization; and
- Be screened and found eligible for services through a SAIL assessment.

### Program levels

There are two levels of targeted case management services:

1. **Level I** (standard) TCM, **Program #M013**. Applicants are expected to provide outreach case management and must refer to the “Behavioral Health Division’s Standards of Practice for Targeted Case Management (TCM)” for further information regarding TCM program requirements, e.g., admission timeliness, staff to client ratios, services to be provided, billing and staff professional requirements. The Standards of Practice are available at the BHD Service Access to Independent Living (SAIL) office, 9201 Watertown Plank Road, (414)-257-8095.



2. **Level II** (clinic-based) TCM, **Program #M014**. Applicants are expected to provide primary clinic-based mental health services to individuals who are not appropriate for primary outreach case management services. Individuals served in this program will have a primary serious and persistent mental illness. Programs must meet the following requirements:

- Case managers will maintain a caseload of sixty (60) consumers;
- Case managers will practice with a team approach to assure adequate coverage, team collaboration and provider support;
- Services need to be available forty (40) hours per week with on-call coverage after regular hours; and
- All documentation must meet the requirement.

In addition to mental health services, the program will provide:

- Essential payee ship and money management services
- Linkage to other health and social services
- A minimum of four outreach (in-home) visits and eight face-to-face visits per year

### **Program Requirements**

Please include specifics in the narrative on how the following would be met:

#### **Service Access**

- SAIL referrals on individuals hospitalized on BHD **inpatient** units will have service initiated **within 24, working day, hours**.
- SAIL referrals on individuals in the **community** will have service initiated within **72, working day, hours** unless otherwise indicated on the referral.
- In cases where there is **difficulty accessing** an individual the case manager will **contact the SAIL Care Coordinator** to develop strategies on how to meet and serve the consumer.
- **Within 24, working day, hours of notification of a consumer admission** to the BHD, the program is expected to contact the respective inpatient or Observation unit to collaborate on a discharge plan.
- Emergency on-call services 24/7/365.

#### **Utilization Review**

- Policy and process to identify consumers who are candidates to transition to less intensive or more intensive models of service or support in accordance with TCM discharge criteria as established by SAIL and the TCM network.
- Policy and process for identifying and **referring individuals who turn 60 years of age** to Family Care.

#### **Contract Management**

- Programs are expected to maximize third party revenue, including billing for Crisis Case Management services.

### **Crisis Case Management**

- Staff capability, infrastructure, and financial resources to provide “Crisis Case Management Services (CCM)”, known as “Linkage and Coordination Services” under HFS 34, “Emergency Mental Health Service Programs”.
- Plan and process for identification of persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if more intensive supportive services are not provided.
- Submission of Prior Authorizations for the provision of CCM services to individuals who are in need of crisis services.
- Plan for following billing guidelines as described in Wisconsin Medicaid Provider Handbook Part H, Division VI for “crisis intervention services”.

### **Units of Service (UOS)**

A unit of service is one quarter hour (1/4) of direct service time. Direct service is the time spent providing service to program participants, which includes: face-to-face contacts (office or community), collateral contacts telephone contacts, consumer staffing sessions, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meetings, in-service training, etc.

### **Documentation**

Direct service time must be documented through an entry in case notes, or narrative, for units billed. The narrative entry must include: the date of the contact, the type of the contact (face to face, collateral, phone, etc.), who the contact was with, the content of the contact, and the number of units (the length of contact). The case narrative must be contained in the case chart records maintained by the agency. In addition documentation should include the following:

- Comprehensive assessment
- Case plan per clinical standards, collaboration and identification of those involved, including **signature of the consumer**.
- Integration between the assessment, treatment plan, service delivery and progress reporting
- Evidence of a strength assessment and strength based service approach
- Stated consumer preference(s)
- Evidence of recovery focused goals, treatment plan and service delivery
- Evidence that a method is in place to assure that all services submitted for payment have met corresponding requirements and are present in the chart.

## **FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL**

**Other Cycle Programs  
2010 Contract Year  
Continuing Contractors Only (not open for competitive proposals)**

**The following programs were originally published or amended for the listed programs in previous RFP years and are being reprinted for reference by the agencies currently under contract.**

### **Cycle II**

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**Intake and Assessment: Central Intake Unit (CIU)  
Program #A005**

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#### **PROGRAM DESCRIPTION: Central Intake Unit**

##### **Client Eligibility**

The Central Intake Unit screens individuals to determine if they meet the eligibility criteria for BHD AODA services. Services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria for a substance dependence disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit or BHD staff.

The Central Intake Unit staff also assists those individuals who did meet the eligibility criteria for BHD AODA paid services access other community treatment/services (Non-Wiser Choice referral). Referral and light case management services can be provided to individuals who:

- Meet diagnostic criteria for a substance abuse disorder; and
- Are screened and may not be authorized for BHD paid services (see policy on limit of times clients may reenter the system).
- Are screened and may not be appropriate for BHD paid services.

## **Target Population**

BHD is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
  - a) incarcerated individuals that are reentering the Milwaukee community from prison and
  - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation, and.
  - c) individuals considered for pre-charging diversion, deferred prosecution and deferred sentencing options; persons reentering the Milwaukee community from jail confinement; and those involved in the Milwaukee County felony drug court alternative to prison programs.
  - d) other criminal justice populations as identified.

## **Definition of Central Intake Unit Services**

1. Deliver Central Intake Unit services according to BHD policies and procedures and consistent with Federal and State confidentiality and patient rights laws and regulations.
2. Oversee the operation and provision of mobile capacity.
3. Provide services in strict adherence with ASI and ASAM training, level of Care Recommendations and Informed Choice as per BHD policies
4. Identify, secure (purchase or lease), furnish and equip the CIU site(s).
5. Provide intake/screening services for all individuals seeking County-funded AODA services. Annual volume is projected at approximately 2,500 intake/screenings per year.
6. For those clients not able to receive a Wiser Choice comprehensive screen, conduct a non-Wiser Choice screen to determine what needs may be able to be met on the client's behalf until such time that the client may receive a full Wiser Choice comprehensive screen.
7. Conduct a computer-assisted interview in real time (expected to not exceed 2 hours per client) with each client to:
  - a) provide an orientation about AODA system services;
  - b) advise the client of the provisions of HFS 1, HFS 92, HFS 94, the federal Health Insurance Portability and Accountability Act (HIPAA), Confidentiality of Drug and Alcohol Patient Records (42 CFR Part 2) and rules related to county funding;
  - c) determine eligibility for Milwaukee County funded AODA treatment, which includes a preliminary Temporary Assistance for Needy Families (TANF) screen;

- d) provide referral to other community resources if the client does not have a need for AODA services or is ineligible for Milwaukee County funding.
  - e) if the client meets technical eligibility criteria, perform a comprehensive screening for AODA clinical and recovery support needs in order to determine:
    - if there is a need for AODA treatment and if so;
    - the most appropriate level of treatment; and
    - what other services may be needed to support recovery.
8. Enter client data into the BHD computerized information system in real time and update as necessary.
  9. Assist each client, to make an informed choice of a BHD-approved provider for clinical treatment and recovery support coordination. Choice will be informed by data shared with the client from the comprehensive screening, as well as profiles of individual providers. Under the terms of the Milwaukee Wiser Choice program the CIU must help each client choose from among two or more providers qualified to render each service needed by the client, among them at least one provider to which the client has no religious objection. If no provider is available, the CIU will follow BHD's wait list process.
  10. Obtain the client's signature on the appropriate consent forms.
  11. Schedule an appointment with the BHD-approved AODA treatment provider chosen by the client.
  12. Connect the client with the selected recovery support coordination agency at the time of screening, if so indicated per established criteria.
  13. In the case of a client with emergent needs, work closely with the recovery support coordinator to assure that appropriate services are accessed immediately and/or contact the appropriate BHD staff to request authorized emergency services on behalf of the client.
  14. For each identified service, enter a request via the computerized BHD information system for the issuance of a voucher to pay for the service. Upon confirmation from the provider that the client has presented for service, submit the request to BHD for approval.
  15. Manage the CIU wait list according to BHD policies and procedures, and in collaboration with other identified CIU's, BHD and service providers.
  16. Provide initial and ongoing training for CIU employees to include instruction on the administration of the ASI, ASAM and CIU clinical policies and procedures. **Describe in detail the agency capability and training plan for all new hires and existing employees (if applicable). This description must include how you will provide on-going clinical oversight and case sampling, documented supervision, quality assurance and fidelity.**
  17. Attend all BHD-mandated related trainings and monthly provider operation's meetings.
  18. Participate in the continuing development of policies and procedures for the operation of the CIU.

19. Develop and implement procedures that have been approved by Milwaukee County including:
  - a. Emergency procedures for the conveyance of persons to emergency medical facilities when necessary;
  - b. Management of belligerent and aggressive persons; and
  - c. Procedures to implement BHD's Appeal Processes for both clients and treatment providers.
20. Receive data from the State-approved vendor for IDP assessments (expected volume of 1,100 per year) and enter it into BHD's information system. It is estimated that entry for each assessment will take approximately 15 minutes. (IMPACT only).

## **REQUIREMENTS OF THE CENTRAL INTAKE UNIT PROVIDER**

### **Operations**

1. Operations. Manage the operations of the Central Intake Unit according to BHD policies and procedures. Adherence to all BHD communications is expected as to assure consistent business processes across all sites.
2. All fixed- and mobile-site locations are to be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements. Each site must provide interview areas that assure privacy and confidentiality.
3. Mobile Capacity. In order to maximize system access for clients, the agency will have mobile capacity for conducting intake and screening at locations throughout Milwaukee. Through discussion with BHD, the agency will develop a plan to allocate mobile services to fixed-site locations convenient for clients. (IMPACT only)
4. Equipment. The CIU must have adequate TDD/TTY, phone system, fax capability and computer equipment sufficient to meet the IT requirements, and laptop computer(s) to support mobile capacity.
5. Hours of Operation. In addition to normal, weekday hours of operation (e.g. 8:00 a.m. to 4:30 p.m.), the applicant will be required to have hours of operation that provide for access at least one evening a week and Saturday mornings. Mobile Capacity must be available during normal, weekday business hours. Intake services are available on a walk-in basis and by appointment when appropriate or identified by BHD staff. The applicant must include all expected CIU closings for the year (holidays, etc) and how they will inform the public of such closings.
6. Use of Best Practices for Comprehensive Screening. The CIU Operations Management Agencies will use instruments and processes approved by BHD for conducting the comprehensive screening. At this time, screening protocol includes the Addiction Severity Index (ASI) with Supplemental Items followed by application of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R); as well as the Clinical Institute Withdrawal Assessment (CIWA), and other identified instruments as needed upon BHD approval.

7. Staffing. The CIU agency will implement a staffing plan sufficient for conducting 3,200 intake/screenings annually for the hours of operation listed above. The Central Intake Unit's staff must reflect the cultural, ethnic, gender and linguistic characteristics of the community area it serves. A minimum of one staff must be English/Spanish bilingual, and as needed, provision must be made to communicate with Limited English Proficiency (LEP) clients. All CIU's must have means for communicating with Blind, Deaf and Deaf and Hard of Hearing clients.
8. Staff Qualifications.
- a. Persons conducting the comprehensive screening must possess:
- a minimum of a Bachelor's degree in Social Work, Psychology, Nursing or a related human services field, and two years full-time work experience and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
  - alternatively, a minimum of a Certified Substance Abuse Counselor (CSAC) certification or equivalent from the Department of Regulation and Licensing with at least three years of experience as an AODA counselor and demonstrated competencies in clinical interviewing, assessment and knowledge of substance use disorders;
  - in addition to the demonstrated competencies for substance use disorders, knowledge and experience of mental health disorders is preferred.
    1. The clinical ability to effectively administer and interpret instruments used in the comprehensive screening; and
    2. Sufficient computer skills to administer the computer-assisted interview and to enter data into the BHD information system.
- b. At least one staff person, in a supervisory position, must be a licensed Master's level behavioral health professional with a degree in Social Work, Psychology, Nursing or other human service profession with experience and demonstrated competencies in clinical interviewing and assessment and knowledge of substance use disorders (knowledge and experience of mental health disorders is preferred). **For this position, describe in detail the capability and plan for the provision of direct supervision of screeners during normal business hours.** The CIU Supervisor must be available on-site for the support and direction of the CIU staff, and available to BHD staff as needed.
9. Client Choice. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one

provider to which the client has no religious objection.” The CIU Operations Management Agency and its staff must implement practices to assure that clients have informed choice. CIU staff must take all measures to assure that the assistance they provide clients in the selection process is based entirely on the client’s reported needs and preferences, rather than on any bias in favor of or against any particular provider. Acceptance of any form of compensation, monetary or other, in return for steering a client toward choosing a particular provider is prohibited.

10. Confidentiality. The CIU agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code HFS 94) and confidentiality regulations (HFS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).
11. Wiser Choice Operations Meetings/Training: actively participate in monthly CIU Supervisor operations meeting facilitated by BHD. Actively participate and represent the CIU during regularly scheduled Outpatient/Day treatment and Residential treatment providers operations meetings, ongoing training for existing and new staff on ASAM PPC 2R, attendance at all BHD facilitated CIU Screening in-services, and other meetings as identified.
12. Quality Assurance and Quality Improvement. Develop program performance indicators, how they will be measured and a corresponding quality improvement plan. Submit these outcomes and quality improvement plan in 2 separate 6-month reports for the periods January 1 – June 30, 2009 and July 1 – December 31, 2009. Reports will be due 6 weeks later on August 14, 2009 and February 12, 2009 respectively.
13. Reporting Requirements:  
Quarterly reports must be submitted documenting training and in-services held with staff, non-Wiser Choice screens completed,
  - January 15 (quarterly and end-of-year report)
  - April 15
  - July 15
  - October 15



## CYCLE II

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### Outpatient Treatment Program Program #M002

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#### **Introduction**

It is the intent of the Behavioral Health Division to modify the provision of mental health outpatient treatment services to include substance abuse treatment services to persons presenting with a serious and persistent mental illness and a co-occurring substance use disorder.

**The development of integrated services is an expectation of outpatient providers. The development of Co-Occurring Disorder (COD) capacity among outpatient as well as among other “level of care” providers will occur through a collaborative approach emphasizing “Best Practices” within the field. It is our expectation that outpatient providers will engage with BHD in the development of COD capacity shortly after initiation of a purchase of service contract.**

#### **Statement of Need**

Research has confirmed that people with co-occurring substance use and mental health disorders are a large, significantly under served population. They have multiple service needs that cut across a variety of service systems, making it difficult to navigate the systems due to impaired functioning and/or cognitive limitations, as well as potentially receiving duplicative services from different systems due to lack of coordination. While there are ample studies supporting the efficacy of integrated treatment for individuals with co-occurring disorders, separate service systems have been unable to meet their needs.

Individuals with co-occurring psychiatric and substance use disorders are increasingly recognized as a population that is highly prevalent in both addiction and mental health service systems, and associated with poor outcomes and higher costs in multiple domains. In addition, they have long been recognized to be “system misfits” in systems of care that have been designed to treat one disorder only or only one disorder at a time.

Currently our vision is that all programs and clinicians will develop core capability, within the context of their existing program design, to more effectively service individuals with co-occurring needs by providing appropriately matched interventions and using established best practices for these populations. This RFP for mental health outpatient services represents the first step in implementing a COD service delivery system.

#### **Core COD Values**

According to SAMHSA, there are six guiding principles that serve as fundamental building blocks for programs in treating clients with COD, and they are equally applicable to both mental health and substance abuse agencies:

1. Employ a recovery perspective.
  - a) Develop a treatment plan that provides for continuity of care over time.
  - b) Devise treatment interventions that are specific to the tasks and challenges faced at each stage of the co-occurring disorder recovery process.**
2. Adopt a multi-problem viewpoint.
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.
  - a) Building community
  - b) Reintegration with family and community

#### **QUALIFICATION FOR RESPONDENTS:**

- Current mental health (MH) Certification under Wisconsin Administrative Code, HFS 61.91, Outpatient Psychotherapy Clinic Standards
- Current substance abuse (SA) certification under HFS 75.13 Outpatient Treatment Service.

#### **Eligibility Standards of Consumers**

- Milwaukee County Resident
- Age 18 or older
- Without current insurance benefits for mental health outpatient services (BHD is the payor of last resort)
- Meets financial payment obligations as determined by HFS 1
- Meets criteria for a DSM IV mental health diagnosis

#### **Target Population**

Within this list, the provider must have the capacity to prioritize access to individuals who have the greatest level of urgency.

- Individuals identified in the BHD Crisis Walk-In Center (CWIC) who are in crisis, are highly likely to have COD, in various stages of change for SA and MH, and are uninsured.
- Individuals, as above, in other BHD acute inpatient or crisis services, who meet similar characteristics.
- These are individuals who need varying levels of service. Individuals in need of adult mental health outpatient have an array of diagnoses including the majority of individuals experiencing affective disorders such as major depression, bipolar disorder, and some situational depressions. The remaining individuals are persons who experience major thought disorders such as schizophrenia. It is estimated that sixty to eighty percent of individuals served in MH outpatient have an accompanying substance use disorder.
- It has been the BHD's past experience that the utilization of adult mental health outpatient services is primarily as follows: medication management only, medication management along with individual and or group therapy and those receiving therapy only. Research demonstrates that therapy, in addition to medication prescription and management is an important adjunct in the treatment

of many persons having a serious and persistent mental illness or co-occurring disorder, and is associated with improved outcomes.

### **Required Service Array**

**The goal is to develop a flexible array of MH services, designed for a cohort of clients who have a high prevalence of co-morbidity, and who are not necessarily motivated to change. Creative approaches to engaging peer support services for MH and/or SA are welcomed. The services involve:**

1. Engagement in continuing care, with empathic, hopeful, integrated relationships, including some outreach capacity for consumers referred from BHD crisis or inpatient care.
2. Screening, assessment and diagnostic evaluation, with capacity to provide data for both mental health and substance use.
3. Access to a clinical TEAM that shares responsibility for a cohort of consumers.
4. Situational (office-based) case management model.
5. Individual and group counseling for MH and/or SA needs, including motivational interviewing, as indicated.
6. Ensure recovery-oriented principles are incorporated into all aspects care.
7. Psychological evaluation and assessment when indicated.
8. Psychopharmacologic assessment and treatment, including clozapine and injections, and provision of access to medications for uninsured clients. Flexible group and team strategies to provide medication services and to reduce no shows are strongly encouraged.
  - a. Use of County-contracted or 501(b) pharmacy for all medications.
  - b. Developing Patient Assistance Program capacity for meds.
9. Laboratory services, licensed and accessible, either provided or contracted.
10. Assistance with benefit/insurance acquisition in partnership with the County.
11. Appointments within 2 weeks for persons referred by BHD inpatient units, and within 30 days for persons referred by CWIC or for qualified persons seeking services directly from the community and authorized by BHD.
12. Scheduled “walk-in” times for enrolled service recipients who have missed their scheduled appointment(s).
13. Emergency “on-call” services 24/7/365 (note that on-call services are not defined as the BHD crisis line or 911).

### **Program Description Requirements**

In the application, the first sentence of the program description must clearly state the agencies’ static capacity (i.e. on any given day, the maximum number of people enrolled and receiving services through this contract). The following items also need to be addressed in the application. Applicants are encouraged to use creativity in responding to this request.

1. Describe in detail how you will provide each of the required clinical services.

2. How will the program employ a team (i.e. multi-disciplinary) concept and collaborative approach to provide the required services using best practices and incorporating the core COD values in all aspects of treatment?
3. Identify the make-up of the team and functions of the team.
4. How will you collaborate with other providers, including primary health care and BHD?
5. How will the program integrate the principles of recovery into the provision of outpatient treatment and how will the provider partner with the consumer in the attainment of recovery?
6. Explain in detail your quality assurance plan, including clinical supervision.
7. How would you facilitate the idea that clients would be maintained in an integrated relationship once they are engaged in MH OP care, so that receiving the SA services at another separate parallel site are not encouraged.
8. Describe how you will transition clients who acquire benefits so that there is no gap in services.
9. Identify which Medicaid HMOs you are affiliated with and your ability to maintain a Medicaid caseload.

Applicants must include in their budget proposal the cost for all pharmacy services, including medications. Medications and pharmacy costs cannot exceed the BHD-contracted pharmacy rates of Roeschen's Pharmacy.

### **Information Management and Payment**

The contractor is required to input accurate and timely information on patient demographics, episode and service data. This information supports all state and county reporting requirements related to performance monitoring, service reporting, service payment. The program will be paid on the lesser of net expenses or net units earned, and this is determined by the number of units of service that have been calculated by the system based on the episode information.

### **Evaluation**

Each applicant agency must submit an Integrated Dual Disorders Treatment (IDDT) Fidelity Scale Score Sheet within the evaluation section of the application (located at: [http://download.ncadi.samhsa.gov/ken/pdf/toolkits/cooccurring/IDDTFidelityScaleAJ1\\_04.pdf](http://download.ncadi.samhsa.gov/ken/pdf/toolkits/cooccurring/IDDTFidelityScaleAJ1_04.pdf)), and identify quality improvement project(s) that will be undertaken as a result of the IDDT Fidelity Score. The contractor will be required to report on their identified project(s) in their biannual reports.

Additionally, each applicant agency is required to submit a quality improvement plan addressing how they will ensure appointments are available within 2 weeks for persons referred by BHD inpatient units, and within 30 days for persons referred by CWIC. Progress on their quality improvement plan will be communicated during outpatient operations meetings held at BHD every other month.

**Memorandum of Understanding**

Due to the direct interrelationship between the contracted agency and the Behavioral Health Division, a Memorandum of Understanding (MOU) will be developed. The purpose of the MOU will be to clearly define roles and responsibilities for each party. Issues to be addressed in the MOU will include: clinical and treatment expectations, referrals from BHD to the contracted provider and contract monitoring.

## CYCLE II

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### Service Access and Prevention - AODA Program #A001

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Two programs will be funded in this area.

This program area consists of a variety of services designed to increase the community's understanding of substance abuse issues, prevention, and intervention strategies. Applicants applying for this program must meet the requirements of HFS 75.04 (see Program Definitions).

1) A program will be funded that has an emphasis in the Category of "Selective Measures" with a primary focus on adolescents.

The program will solicit vendors to plan and implement prevention programs that build on the public health framework and understand the relationship between substance abuse problems, the individual, and the environment.

The proposed programs will incorporate researched prevention strategies in their program and design. The programs will fund projects that clearly target the juvenile population relative to AODA prevention and specific interventions.

- **Primary Interventions** should target general population groups, mass media, school-based health curriculum, without reference to those at particular risk. All members of a community, not just specific individuals or groups within a community, benefits from a universal prevention effort.
- **Selective Interventions** should target those who are at greater-than-average risk for substance use, mentoring programs aimed at children with school performance or behavioral problems. Targeted individuals are identified on the basis of the nature and number of risk factors of substance use to which they may be exposed.
- **Other Selective Interventions** should be focused on juveniles who may already display signs of substance use or alcohol abuse. The other selective interventions should be designed to prevent the onset of regular or heavy substance use via utilizing parenting programs and other interventions.

Services proposed, including methods for measuring outcomes, must meet the requirements of HFS 75.04 (1) – (5).

The second program funded must have an extensive history working with HIV prevention, care, treatment and research programs.

2) A second program will be funded that has a focus in the Category of “Indicated Measures,” with an identified “high-risk group that require assistance in accessing the appropriate AODA treatment or service.

The program must be able to provide service to thousands of people with HIV/AIDS and conduct thousands of prevention contacts.

### **Care and Treatment Programs:**

- Medical Care – Operate outpatient HIV medical clinics led by Board Certified Infectious Disease physicians and health care professionals. The medical clinics must be able to serve hundreds of HIV positive patients.
- Dental Care – Operate HIV-dedicated dental clinic, led by dentists and dental professionals who provide comprehensive care to hundreds of patients.
- Mental Health Therapy – Operate a mental health clinic, led by therapists who provide counseling and psychotherapy to consumers.
- Social Work Case Management – Case management program must serve hundreds of HIV/AIDS clients through a statewide team of social workers.
- Housing – Provide residential housing, rent assistance, and housing counseling. Provide housing counseling service to hundreds of clients and rent subsidy and utility assistance and resources to HIV clients across Wisconsin.
- Legal Assistance – The legal program should be led by attorneys who can provide legal representation and consultation for hundreds of clients.
- Food Service - Assist with food program that includes pantries and voucher services to assure access to nutritional foods and provide HIV-positive clients and their households with food services.
- Transportation Assistance – Provide transportation assistance to people living with HIV and AIDS in the form of bus tickets, bus passes, and gift cards.

### **HIV Prevention Programs:**

- Clean Needle Exchange for injection drug users (IDUs) – Operate a clean needle exchange program in seven communities statewide – Madison and Beloit in the southern region, Milwaukee, Kenosha and Racine in the southeast region, Appleton and Green Bay in the northeast region, and Wausau in the northern region, - serving thousands of injection drug users and exchanging thousands of needles.

- Provide prevention outreach, individual and group interventions for these populations at high risk for HIV.
- Alcohol and Drug Treatment –Operate a state-licensed alcohol and drug treatment program utilizing a harm reduction model.

This program area should be able to assist hundreds of people at any given time throughout the year.



## CYCLE II

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### **Service Access and Prevention – Mental Health Program #M001**

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This program consists of a variety of services designed to increase the community's awareness and understanding of chronic mental illness, and to provide information on what resources are available to assist and support individuals and families. There are four main service areas.

#### **Advocacy Program # M001-A**

These are services designed to assist individuals and their families obtain or maintain access to appropriate community resources.

#### **Information and Referral Services Program # M001-IR**

These are services designed to assist individuals and their families in obtaining information and linking them with appropriate public and private resources.

#### **Prevention Services Program # M001-P**

These are services designed to provide information, education and training to individuals, their families, and the general public in regard to the causes of disabling conditions, and the means to prevent or ameliorate their causes.

#### **Intake & Assessment Services Program # M001-IA**

These are services designed to screen and assess individuals for mental health problems, to make treatment recommendations, and to provide short-term counseling interventions

## CYCLE II

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### WiserChoice Provider Resource Center Program Program #M016

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#### **PROGRAM DESCRIPTION:**

The resource center is devoted to the capacity-building needs of faith and grassroots community based organizations interested in joining the provider network and to support those providers who are already in the provider network. The Wiser Choice Provider Resource Center will continue to support current and potentially new Wiser Choice providers by providing TA on such topics as Payroll and Taxes, developing Business Plans, Marketing Your Business, board development, collaboration and partnership, etc. The focus is to not only improve the clinical/programmatic skills of the Wiser Choice providers, but to develop their organizational capacity with regard to such areas as board governance, policies and procedures, diversifying funding streams, community collaboration and the marketing of their services to the community. The provider resource center is required to be centrally located and easily accessible to accommodate meetings, trainings, client engagement activities, resource fairs/networking opportunities, technical support, and operate a community-based resource center.

#### **REQUIREMENTS/SERVICES OF THE WISER CHOICE PROVIDER RESOURCE CENTER PROVIDER:**

1. Identify, secure (purchase or lease), furnish and equip the appropriate site keeping in mind that a central location is essential to meet the multi purpose needs and services provided on behalf of the Provider Resource Center.
2. The Resource Center should be on a bus line, and facilities must meet Americans with Disabilities Act (ADA) requirements.
3. Manage the day-to-day operations of the Provider Resource Center, to include the maintenance and upkeep of the site and all equipment.
4. Organize and facilitate the use of the Provider Resource Center, working closely with BHD staff to report over utilization, under utilization, etc.
5. Develop and maintain a resource library, which includes community-based agencies, and the services they provide in order to support providers and/or any clients that may enter the resource center off the street.
6. Conduct quarterly needs assessment surveys for training topics to support the training needs of providers and their staff. Work with BHD staff to identify participants, trainers and other resources that may be needed.
7. Work with BHD staff to develop and market planned activities/events for contract year.
8. Coordinate and implement BHD and CSAT sponsored TA and training activities.

9. Work with providers to help develop and produce marketing materials for their agency for the use of marketing their services to Wlser Choice clients and other network providers (i.e. CIU staff and RSC staff).
10. Work collaboratively with BHD staff to report concerns and/or issues that are brought to the attention of resource center staff that relate to the operations of Wlser Choice and work to create solutions.
11. The Wlser Choice Provider Resource Center must have adequate TDD/TTY, phone system, fax capability and computer equipment sufficient to meet the IT requirements of CMHC, BHD's information management system.
12. The Wlser Choice Provider Resource Center will be adequately staffed to ensure that all aspects of the application can be successfully fulfilled. Provisions must be made to communicate with Limited English Proficiency (LEP) clients. The resource center must also have means for communicating with vision impaired and with Deaf, Deaf/Blind and Hard of Hearing clients.
13. Staff responsible for the day-to-day operations must actively participate in Wlser Choice providers meetings to get a sense of the needs and issues of providers in order to tailor services provided at the resource center and/or the identification of TA opportunities and topics. Facilitate the Wlser Choice Recovery Support Service provider's operations meetings on a bi-monthly basis, in collaboration with BHD staff.
14. Develop program performance indicators, how they will be measured and a corresponding quality improvement plan. Submit these outcomes and quality improvement plan in 2 separate 6-month reports for the periods January 1 – June 30, 2009 and July 1 – December 31, 2009. Reports will be due 6 weeks later on August 14, 2009 and February 12, 2009 respectively.
15. Monthly reports must be submitted documenting training and in-services provided and identification of those in attendance, as well as other activities provided to providers and the use of the Wlser Choice Resource Center. Monthly reports should also include outreach efforts that have been made on behalf of engaging providers in the Wlser Choice treatment system.

## CYCLE II

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### **Training (Mental Health and Wiser Choice Provider networks) Program #M017**

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**The target audience will be comprised of staff from the Community Services Branch provider networks (mental health, Wiser Choice), to include such service areas as clinical services, targeted case management, community support programs, community based residential providers, psychosocial organizations, peer support specialists, advocacy organizations, recovery support coordination and central intake unit staff.**

#### **Program Description**

This program component fulfills various training needs for the Community Services Branch/Service Access for Independent Living (SAIL) and its respective provider networks.

1. Training may be a requirement of a funding source, such as the Division of Mental Health and Substance Abuse Services' (DMHSAS) funding for alcohol and other drug abuse (AODA) treatment, care coordination, and recovery services for Temporary Assistance for Needy Families (TANF) eligible families. The TANF grant specific training requirements include trauma identification and resolution, and screening for fetal alcohol spectrum disorders (FASD).
2. Training may be required of existing providers as well as those who enter into a Purchase of Service Contract/Agreement with BHD. The *'Basics of Community Treatment'* (BCT) is designed for case management providers in the Community Services Branch network, as well as groupings of Wiser Choice providers. These training sessions may include, but are not limited to:
  - Overview of MCBHD Community Services Branch
  - Recovery Philosophy
  - Case Management and Recovery Support Coordination
  - Mental Health Disorders
  - Alcohol & Drug Addiction, and Co-Occurring Disorders
  - Psychopharmacology
  - Legal Issues
  - Crisis Intervention
  - Financial and Medical Entitlement Programs
  - Psychosocial and Community Supports
  - Housing Programs (MH/AODA)
  - Interface with Criminal Justice System

**Applicant must describe what type of training/in-services will be provided to enhance the provider network, explain how those services will be delivered, describe the process of assessing training needs, describe how the concept of 'recovery,' as identified by the Governor's Blue Ribbon Commission on Mental Health and AODA 's cores values, is incorporated into the training plan. All training/in-services should reflect knowledge of appropriate state certification, licensing, and/or Behavioral Health Division practice standards as identified in this document**

**1. Trauma identification and resolution: "Risking Connection" curriculum**

*'Risking Connection'* is a curriculum for training service providers at all levels for work with survivors of sexual and physical abuse trauma. It is not a manualized treatment approach, but it provides a framework that can be used in a range of settings and formats. This curriculum is based in a trauma theory: constructivist self-development theory, which shares many basic assumptions with other current theories and approaches to treating survivors. This trauma framework assumes that "just as people can harm each other deeply, so they can also help each other profoundly – relationships can be transforming and healing".

***Recommended Trainers***

DMHSAS (Department of Mental Health and Substance Abuse Services) sponsored a 5-day Risking Connection Master Trainer Training in 2002, conducted by Sidran Traumatic Stress Foundation. *'Risking Connection'* is the State's recommended training in trauma responsive treatment curriculum for the Milwaukee AODA TANF grant, the Statewide Urban/Rural Women's AODA Project. List of the Milwaukee County provider staff that attended and completed the Master Trainer Training, will made available to the contractor.

***Rates***

Rates suggested by the State to pay the trainers:

- Hourly rate \$200.00, per trainer
- Each module: 2 trainers X 2 hours = \$800.00
- Total training: 5 modules provided by a team of 2 trainers = \$2, 000.00

**2. Fetal Alcohol Spectrum Disorders: Understanding the Physical, Cognitive, and Behavioral Effects of Prenatal Alcohol Exposure**

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe the range of effects that can occur in individuals who were prenatally exposed to alcohol. These effects may be physical, mental, behavioral and or learning disabilities. FASD represent a leading cause of mental retardation and learning disabilities in children seen in pediatric offices today. This training provides an overview of FASD and describes a model program, the Family Empowerment Network (FEN). FEN is an information, referral, and support network for children and families affected by Fetal Alcohol Spectrum Disorders (FASD) and the professionals who serve them. FEN's mission includes: (a) increasing awareness about FASD by providing education, training and resources to families, providers, and the general public; (b) providing support and

referrals to families affected; and (c) increasing opportunities for diagnosis and intervention.

### ***Recommended Trainer***

**Dr. Georgiana Wilton is the State's recommended trainer in the area of FASD. Dr. Wilton has done previous training for our providers, and it has been very well received. Georgiana Wilton, PhD, is an Associate Scientist for Family Empowerment Network (UW School of Medicine and Public Health, Department of Family Medicine)**

### ***Rates***

Rates suggested by the State to pay the trainer:

- All Day training = \$400.00 – \$500.00

### **Training Plan**

Applicant agencies must develop the training plan and submit it to BHD for approval. The training plan must identify which training curriculum will be used, who the trainer(s) will be, and provide an outline of all training/in-services that will be conducted in 2009.

Since providers which are recipients of funds allocated to BHD must be in compliance with all Federal, State and County rules (which include Americans with Disabilities Act, Civil Rights Act, Education Amendments, and Rehabilitation Act, and with Wisconsin State Statute 51.46, ensuring pregnant women first priority to treatment services), other training may needed to be developed for the network.

The contractor is required to keep training and attendance records, a training update, and to report on successes and challenges or general accomplishments on a quarterly basis. Other activities include: securing training site, sending invitations and reminders, planning and preparing materials/handouts, providing certificates of attendance and attending to all training logistics (such as parking information and directions, booking trainer(s), assisting with audiovisuals, etc).

### **Reporting Requirements**

As a recipient of these funds, you are required to comply with reporting requirements on a quarterly basis. The contractor will be required to report on this project. The quarterly reports and a final year-end report are due:

- January 15 (end-of-year report)
- April 15
- July 15 (semi-annual report)
- October 15

### **Accessibility**

The provider must ensure that all training sessions will be at a facility with access for physically handicapped persons and will be accessible to non-English speaking individuals.

**Billing**

The contractor is required to submit accurate and timely billing information.

**Target Population**

The target population includes all SAIL providers (mental health and Wiser Choice), and community partners (i.e. community agencies, social service agencies, DOC, Child Welfare, etc).

**Evaluation**

Applicant agencies must include an evaluation plan that includes evaluation forms and feedback process for each training session.

## CYCLE III

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### **Secure Emergency Detoxification Program # A007**

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Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. Detoxification seeks to minimize the physical harm caused by the abuse of substances. Supervised detoxification may prevent potentially life-threatening complications that might appear if the patient were left untreated. At the same time, detoxification is a form of palliative care for those who want to become abstinent. For some patients, it represents a point of first contact with the treatment system and the first step to recovery. Detoxification alone is not defined as substance abuse treatment and rehabilitation per se, but it is a basic component of the substance abuse treatment system. Treatment and rehabilitation involves a constellation of ongoing therapeutic services ultimately intended to promote recovery for substance abuse patients. Therefore, a critical component of the detoxification service, in addition to evaluation and stabilization, is preparing the patient for entry into substance abuse treatment by stressing the importance of following through with the complete continuum of care.

Milwaukee County will fund two components of the detoxification program, social detoxification and medical detoxification. *NOTE: Applicant agencies are required to submit a separate logic model, program description, evaluation plan, client characteristic data, and program volume data for each component. Applicant agencies are also required to identify the daily maximum capacity for each component, and this must be clearly stated in the first sentence of the respective component/program description.*

#### **Accessibility**

The detoxification program shall be included in the telephone directory and have an information number listed in order to describe the scope of services available to the public. Brochures describing the detoxification program shall be distributed to general hospitals, social service agencies and to other potential referral agents (i.e. criminal justice system). The program must facilitate access for physically handicapped persons and be accessible to non-English speaking individuals.

#### **Detoxification Advisory Council**

A Detoxification Advisory Council shall be established to ensure the needs of residents are being sufficiently met, and resources are coordinated and being efficiently utilized. Members of the council must include representation from the general hospital system, MCBHD Crisis Services Branch, MCBHD Community Services Branch, MCBHD Legal Unit, the police district in which the facility is located, former consumer(s) of detoxification services, a substance abuse treatment provider not affiliated with the applicant agency, a mental health treatment provider not affiliated with the applicant agency, and a homeless shelter provider. Other representation may be added, including



the criminal justice system, other municipal police districts, and other social service agencies. The council is required to meet quarterly. The detoxification program is expected to incorporate quality improvement projects identified by the council into future evaluation plans. The applicant agency is required to include current or proposed membership within the medical detoxification program description of their application, as well as tentative meeting dates for the term of the contract.

### **Crisis Stabilization Services**

The detoxification program is expected to be a stabilization service provider as defined in HFS 34.22 (4). The contractor will be required to work with Milwaukee County to fulfill the requirements of HFS 34 to bill Medicaid for covered services. Milwaukee County will provide the initial orientation training required by HFS 34. The contractor will be required to develop ongoing training (including subsequent orientation training for staff hired after the Milwaukee County initial orientation), as well as maintain training records in accordance with HFS 34.

### **Information Management and Payment**

The contractor is required to input accurate and timely information on patient demographics, episode and service data. This information supports all state and county reporting requirements related to performance monitoring, service reporting, service payment. The program will be paid on the lesser of net expenses or net units earned, and this is determined by the number of units of service that have been calculated by the system based on the episode information. The contractor is required to report complete information for both components of the program

### **Training**

The contractor must provide SAMHSA published in-service training on either TIP 35 (Enhancing Motivation for Change) or TIP 42 (Substance Abuse Treatment for Persons with Co-occurring Disorders) to all medical, clinical and paraprofessional staff. Applicant agencies must identify in their application which TIP training curriculum they will use, and provide a schedule of all training that will be conducted in 2009 (including training mandated by HFS 75, HFS 83, HFS 34, etc.). The contractor is required to include a training update in their biannual report.

### **Memorandum of Understanding**

Due to the direct interrelationship between the contracted agency and the Behavioral Health Division, a Memorandum of Understanding (MOU) will be developed. The purpose of the MOU will be to clearly define roles and responsibilities for each party. Issues to be addressed in the MOU will include: clinical and treatment expectations, referral and transportation mechanisms between BHD and the contracted provider, contract monitoring, and legal responsibilities of BHD and the contracted agency with regard to civil detention and commitment proceedings.

### **Licensing**

The program is required to obtain two licenses in order to operate the secure emergency detoxification program: HFS 75.07 medically monitored residential

detoxification service and HFS 75.09 residential intoxication monitoring service. Both licenses must be obtained before a contract with Milwaukee County can be executed. However, applicant agencies may submit a copy of their pending application to the Wisconsin Division of Quality Assurance (DQA) for the required licenses in lieu of the actual licenses to receive consideration from Milwaukee County. Either copies of current valid licenses or a copy of the application for licensure submitted to DQA must be contained in Section 1, Item #10 “Agency Licenses and Certifications” of the Milwaukee County application.

## **Social Detoxification**

### **Program Description**

This program component is required to be licensed under HFS 75.09, and adheres to the criteria of an ASAM Level III.2-D. Social detoxification is an organized service that is delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal from alcohol and/or sedative-hypnotics, and who are not in need of emergency medical or psychiatric care. It does not involve the administration of pharmacologic interventions to manage the detoxification protocol. It is characterized by its emphasis on social and emotional support, including availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral and cognitive problems. If at any time during the course of the patient’s stay in this component complications arise requiring admission to a hospital, that transfer shall be coordinated by staff, including transportation.

### **Target Population**

The target population includes Milwaukee County residents’ age 18 or older that meets the ASAM diagnostic admission criteria for a Level III.2-D service. Referrals include municipal police departments, homeless individuals referred by community agencies, social service agencies, family and self-referrals.

### **ASAM Dimensional Criteria<sup>1</sup>**

The patient is evaluated as having a Risk Rating of 2 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient is experiencing some difficulty in tolerating and coping with withdrawal discomfort. Alternatively, the patient’s level of intoxication or withdrawal may be severe, but responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others. Note that the patient’s service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function. If the patient’s symptoms intensify to a Risk Rating of 3 after admission to social detoxification, then the patient shall be transferred to the medical detoxification component.

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<sup>1</sup> The Risk Rating and associated Level of Care placement recommendation contained in this service description deviates from the published ASAM PPC-2R. The ASAM Dimensional Criteria contained in this RFP reflect the most current ASAM recommendations for Dimension 1, currently in pre-publication at the time this RFP is published.

## **Clinical Programming**

A range of cognitive, behavioral, medical, mental health and other therapies based on the patient's assessed needs in ASAM Dimensions 2 through 6 and documented in the individualized treatment plan are administered to the patient on an individual or group basis. These are designed to enhance the patient's understanding of addiction, the completion of the detoxification process and appropriate referral for continuing treatment. This should include motivational enhancement therapy, health education services, and services to families and significant others. Applicant agencies need to identify the therapeutic modalities of the proposed social detoxification component that foster engagement in continued treatment and recovery.

## **Evaluation**

**In addition to the service evaluation elements required under HFS 75.03, applicant agencies must include treatment recidivism and retention in treatment in their evaluation plan.**

## **Medical Detoxification**

### **Program Description**

This program component is required to be licensed under HFS 75.07, and adheres to the criteria of an ASAM Level III.7-D. Medical detoxification is an organized service delivered by a multi-disciplinary team of medical, nursing and clinical professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a secure (locked) facility. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. Psychiatric services are available through consultation within 8 hours by telephone or 24 hours in person. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration. The intensity of nursing care and observation is sufficient to meet patient needs. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques.

The applicant agency is required to employ or contract with one of the following to provide clinical supervision to medical detoxification staff in accordance with HFS 34.21 (8): a board-certified or eligible psychiatrist, a licensed psychologist, psychology or psychiatric resident with 1500 hours of supervised clinical experience, certified independent social worker, master's prepared psychiatric nurse with 3000 hours of supervised clinical experience, licensed professional counselor, master's level clinician with 3000 hours of supervised clinical experience, or post-master's level clinician intern with 1500 hours of supervised clinical experience.

The medical detoxification provider is required to admit patients detained through an Emergency Detention, Treatment Director's Supplement, Re-Detention, Three Party Petition, and Protective Custody in accordance with Wisconsin Statute Chapter 51. A

thorough knowledge of Chapter 51 detention and commitment procedures as they are enacted in Milwaukee County is required. Applicant agencies must include in their budget the provision of 24-hour transportation between the applicant agency and Milwaukee County Behavioral Health Division – Psychiatric Crisis Service (PCS) for around the clock admissions and transfers, as well as transportation and escort services to Milwaukee County Behavioral Health Division for commitment proceedings. Applicant agencies must also include in their budget for the provision of pharmacologic interventions to manage withdrawal from a variety of substances, as well as commonly prescribed psychotropic medications and medications to manage medical complications. The program is required to continue administration of medications initiated in PCS, and provide a two-business day supply of medications upon discharge to facilitate transfer to another treatment provider.

### **Target Population**

The target population includes Milwaukee County residents' age 18 or older that meets the ASAM diagnostic admission criteria for a Level III.7-D service. Referrals include municipal police departments, homeless individuals referred by community agencies, social service agencies, family or self-referrals, hospitals, and PCS. Included is the provision of an examination in accordance with s. 51.45 (11) (c), Stats.

Persons who exhibit homicidal or suicidal ideation due to substance abuse or substance abuse with mental illness are brought to PCS for assessment, evaluation, and treatment. This may include a history of recent homicidal or suicidal attempts, but does not require a one-on-one suicide watch. It is clear that for many persons the use of substances is a causal factor in the homicidal or suicidal ideation, and they do not have a mental illness that requires inpatient mental health treatment. Most often patients are brought in by law enforcement, either as an Emergency Detention or other police hold. Those patients who present a danger to themselves or others due to substance abuse or substance abuse with mental illness will be considered appropriate for medical detoxification.

### **ASAM Dimensional Criteria**

The patient is evaluated as having a Risk Rating of 3 per the multidimensional risk matrix of the ASAM PPC-2R, which indicates the patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the patient may pose an imminent danger to self or others. There are severe signs and symptoms, or risk of severe but manageable withdrawal. Additionally, many patients may have prolonged withdrawal signs and symptoms, or "protracted abstinence syndrome" that is exacerbating conditions in other Dimensions, particularly Dimensions 2 and 3. For example, the patient may have moderate to severe psychiatric decompensation (involving paranoia, compulsive behaviors, severe depression, and moderate psychotic symptoms such as hallucinations and delusions) upon discontinuation of drugs of abuse. Note that the patient's service needs should be considered in each ASAM Dimension. The interaction between Dimension 1 and other ASAM Dimensions may increase or decrease the overall level of severity or function.

In Dimension 2, the patient may have moderate to severe active and potentially destabilizing medical problems (e.g. either acute such as nausea and intermittent vomiting from gastritis, or chronic such as severe hypertension). The patient demonstrates poor ability to tolerate and cope with physical problems, and/or his or her general health condition is poor. Severe medical problems (such as severe pain requiring medication or brittle diabetes) are present but stable.

In Dimension 3, symptoms of a co-occurring psychiatric disorder are moderate to severe. The patient demonstrates frequent impulses to harm self or others that are potentially destabilizing, but the patient is not imminently dangerous in a 24-hour setting. The patient may also demonstrate uncontrolled behavior, confusion, or disorientation, which limit the patient's capacity for self-care. Recovery efforts are negatively affected by the patient's emotional, behavioral or cognitive problems in significant and distracting ways, up to and including inability to focus on recovery efforts. Acute course of illness dominates the clinical presentation so that symptoms may involve impaired reality testing, communication, thought processes, judgment, or attention to personal hygiene. The patient has limited ability to follow through with treatment recommendations, thus demonstrating risk of and vulnerability to dangerous consequences.

If the patient's symptoms intensify to a Risk Rating of 4 after admission to medical detoxification, then the patient shall be transferred to an emergency room of a general hospital for medical treatment or to PCS for psychiatric treatment.

### **Clinical Programming**

A range of cognitive, behavioral, medical, mental health and other therapies based on the patient's assessed needs in ASAM Dimensions 2 through 6 and documented in the individualized treatment plan are administered to the patient on an individual and group basis. These are designed to enhance the patient's understanding of addiction, the completion of the detoxification process and appropriate referral for continuing treatment. This should include clinical and didactic motivational enhancement strategies, health education services, and services to families and significant others. The application must demonstrate a person-centered planning process incorporating staged interventions consistent with the trans-theoretical model of change, and contain a schedule of individual and group sessions seven days a week.

### **Evaluation**

In addition to the service evaluation elements required under HFS 75.03, applicant agencies must include treatment recidivism and retention in treatment in their evaluation plan. Also, each applicant agency must submit a completed Comorbidity Program Audit and Self-Survey (COMPASS™) (located at:

[http://www.county.milwaukee.gov/ImageLibrary/Groups/Everyone/SAIL\\_AODA/COMPASS\\_BlackWhite.pdf](http://www.county.milwaukee.gov/ImageLibrary/Groups/Everyone/SAIL_AODA/COMPASS_BlackWhite.pdf) ),

and identify quality improvement project(s) that will be undertaken as a result of the audit tool. The contractor will be required to report on their identified project(s) in their biannual reports.

## **CYCLE III**

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### **Crisis Respite Programs Program # M011A**

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The Crisis Respite program provides services to persons having a serious and persistent mental illness with a living environment that: 1) provides the support necessary for an individual to live as independently as possible in a structured group residential setting; 2) continually promotes the acquisition of skills necessary for the consumer to transition to more independent living; and 3) actively pursues movement to a more independent living environment in conjunction with the consumer and other members of the consumer's support network. The Crisis Respite House is an alternative to psychiatric inpatient hospitalization, which expands the continuum of services, intervention, and support for individuals in crisis. Crisis Respite provides a less restrictive and more normal environment in which to treat and support persons in crisis.

While residing at Crisis Respite, the consumer will actively participate in development of his/her service plan, goals and means to achieve them. It is also expected that the community based residential facility (CBRF) staff and other members of the consumer's support network will offer the consumer the means to acquire or further develop the skills necessary to function more independently.

Services provided by Crisis Respite will include the provision of twenty-four hour supervision, the provision of meals and dietary management, individual counseling, medication education and monitoring, care coordination, and crisis prevention. These services will be provided by the community-based residential facility staff in conjunction with other members of the consumer's support network and the Behavioral Health Division's Mobile Crisis Team.

If a Crisis Respite resident is assigned to a case management agency, the community based residential facility (CBRF) staff will collaborate with the case manager when developing the individual service plan. A copy of the case management agency treatment plan will be readily available to group home staff (in the consumer's CBRF record) and all treatment plans will identify agency/individual accountabilities. The Crisis Respite staff or Behavioral Health Division Mobile Crisis Team will be responsible for a minimum of one contact with case manager, or assigned agency representative, per week to discuss issues related to consumer's treatment.

Upon admission to the group home and at Individual Service Plan Evaluations, a set of discharge criteria must be established. It is important that this set of discharge criteria be specific as to the level of functioning the resident must obtain in order to live in a less restrictive setting in the community. This criterion needs to outline the steps that the individual must achieve in order for discharge to take place. Criterion must be

individualized and measurable. This criterion must be established and may be included in the individual service plan and reviewed at the same interval as this plan.

### **Crisis Respite Services – Other Requirements**

Enrollment into Crisis Respite is implemented through a referral to the Behavioral Health Division's Mobile Crisis Team at 414-257-7222. The Mobile Crisis Team will assess the need for community-based residential care and make referrals to contracted service provider.

All Behavioral Health Division contracted community-based residential facilities must be licensed by the State of Wisconsin under Wisconsin Administrative Code HFS 83.

Consumers residing in a community-based residential facility are subject to the ability to pay provisions of Wisconsin Administrative Code HFS 1, Uniform Fee System, which requires that consumers in a non-medical residential program are liable for the cost of their care based upon their ability to pay CBRF Program Requirements.

### **Crisis Services in the Crisis Respite Program**

Staff capability, infrastructure, and financial resources to provide "Crisis Services", under HFS 34, "Emergency Mental Health Service Programs".

Plan and process for identification of persons who are experiencing a mental health crisis, or are in a situation likely to turn into a mental health crisis, if more intensive supportive services are not provided.

Plan for following billing guidelines as described in Wisconsin Medicaid Provider Handbook Part H, Division VI for "crisis intervention services".

### **Unit of Service**

One day of care in a community-based residential facility equals a unit of service.

### **Documentation**

Resident case records maintained by the agency shall include daily attendance logs.

All case records must maintain the Individual Service Plan for each individual.

Individual Service Plans must be completed within 30 days of admission to the group home.

Client files must demonstrate coordination with the assigned case manager.

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## **Community Based Residential Programs Program # M011**

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Community Based Residential Programs (CBRF) or group homes provide services to persons having a serious and persistent mental illness with a living environment that: 1) provides the support necessary for an individual to live as independently as possible in a structured group residential setting; 2) continually promotes the acquisition of skills necessary for the consumer to transition to more independent living; and 3) actively pursues movement to a more independent living environment in conjunction with the consumer and other members of the consumer's support network.

While residing in the community based residential facility, consumers will actively participate in development of his/her individual service plan, goals, and means to achieve them. It is also expected that the community based residential facility staff and other members of the consumer's support network will offer the consumer the means to acquire or further develop the skills necessary to function more independently.

Services provided by CBRFs will include the provision of twenty-four hour supervision, the provision of meals and dietary management, individual counseling, support groups, medication education and monitoring, financial management (benefit advocacy and representative payee-ship), care coordination, and crisis prevention. These services will be provided by the community-based residential facility staff in conjunction with other members of the consumer's support network.

If a CBRF resident is assigned to a case management agency, the group home staff will collaborate with the case manager when developing the individual service plan. A copy of the case management agency treatment plan will be readily available to group home staff (in the consumer's CBRF record) and all treatment plans will identify agency/individual accountabilities. The CBRF staff will be responsible for a minimum of one contact with case manager, or assigned agency representative, per week to discuss issues related to consumer's treatment.

In addition to these services, CBRF providers will develop programming for a minimum of five groups, which will be made available to consumers. Staff will be trained to facilitate these groups and choice of groups will be determined by the needs of consumers residing in the individual agency's community-based residential facilities. Suggestions for groups would include, but are not limited to, life skills, anger management, dual diagnosis, spirituality, stress management, recovery, medication education/symptom management, leisure skills, and social skills.

Upon admission to the group home and at Individual Service Plan Evaluations, a set of discharge criteria must be established. It is important that this set of discharge criteria be specific as to the level of functioning the resident must obtain in order to live in a less restrictive setting in the community. This criterion needs to outline the steps that the



individual must achieve in order for discharge to take place. Criterion must be individualized and measurable. This criterion must be established and maybe included in the individual service plan and reviewed at the same interval as this plan.

### **Community-Based Residential Program – Other Requirements**

1. Enrollment into a community-based residential program is implemented through a referral from the Behavioral Health Division's Service Access to Independent Living (SAIL) Unit. The SAIL Unit will assess the need for community-based residential care and make referrals to contracted service provider. When a consumer is in an acute care setting, the residential provider agency will do a face-to-face assessment within 72 hours after receipt of the referral packet from SAIL.
2. All Behavioral Health Division contracted community-based residential facilities must be licensed by the State of Wisconsin under Wisconsin Administrative Code HFS 83.
3. Consumers residing in a community-based residential facility are subject to the ability to pay provisions of Wisconsin Administrative Code HFS 1, Uniform Fee System, which requires that consumers in a non-medical residential program are liable for the cost of their care based upon their ability to pay CBRF Program Requirements.

### **Crisis Services in the Community Based Residential Program**

- Staff capability, infrastructure, and financial resources to provide "Crisis Services", under HFS 34, "Emergency Mental Health Service Programs".
- Plan and process for identification of persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if more intensive supportive services are not provided.
- Submission of Prior Authorizations for the provision of Crisis services to individuals who are in need of crisis services residing in the Community Based Residential Program.
- Plan for following billing guidelines as described in Wisconsin Medicaid Provider Handbook Part H, Division VI for "crisis intervention services".

### **Family Care and the Community Based Residential Program**

All clients over 59 ½ years of age and older receiving residential services will be referred by the Community Based Residential Program (CBRF) to Family Care within 5 days business days of notification by the Behavioral Health Division, Community Services Branch. The CBRF will inform the Behavioral Health Division, Community Services Branch of the member's Family Care enrollment date within 5 days of acknowledgement from Family Care that the individual is enrolled. The CBRF will utilize

the Family Care Referral Tracking Form to notify the Behavioral Health Division, Community Services Branch of the following:

- Client's acceptance/refusal of family care screen,
- Reason for refusal of family care screen and/or services,
- Date of family care screen,
- Functional and financial eligibility,
- Client's acceptance/refusal of family care services,
- Family care enrollment date.

For those individuals not found functionally and/or financially eligible for Family Care services, the clinical coordinator or designee will review these cases every six months to determine if there are any changes in the client's financial and/or functional capacity. Additionally, for those individuals who refuse to be screened by the Milwaukee County Department on Aging Resource Center or for those individuals who refuse Family Care services even though they were found eligible, their cases will be reviewed every six months and individuals will be encouraged to take advantage of the long term care support services available to them through Family Care.

### **CBRF Admission Policy**

It is the policy of the BHD that individuals referred for CBRF placement by SAIL will have an evaluation completed and a decision regarding admission will be reported to SAIL (per HFS 83 Guidelines) within three business days of receipt of that referral.

### **CBRF Inpatient Contact and Collaboration Policy**

It is the policy of the Behavioral Health Division that, when a CBRF resident is admitted to a psychiatric inpatient unit, the CBRF residential coordinator responsible for that client must contact the appropriate inpatient team within one business day of the admission in order to develop a plan of discharge. The CBRF residential coordinator and inpatient social worker will collaborate immediately to share information and identify interventions relevant to the course of treatment. When the CBRF staff meets with the resident/treatment team on the Behavioral Health Division Inpatient Unit, the Community Services Consultation Note will be completed regarding the contact. When completed, the Community Services Consultation Note will be given to the Behavioral Health Division Inpatient Unit Staff.

### **CBRF Service Utilization Policy**

It is the policy of the Behavioral Health Division that CBRF's have a service utilization review process to identify consumers who might be candidates to transition to less restrictive residential settings in accordance with CBRF discharge criteria and HFS 83 standards and to effect those transitions when appropriate. This also involves participating in a Utilization Review Process in collaboration with Behavioral Health Division, Community Services Branch. CBRF 's that have consumers receiving case

management services are to have a service utilization review process to identify goals of the CBRF placement, length of placement, and identify candidates to transition to less intensive models of housing when appropriate.

### **CBRF Static (Actual) Capacity**

It is the policy of the Behavioral Health Division that CBRF's will include in the RFP application the actual number of client's to be served in each facility or location.

### **Unit of Service**

One day of care in a community-based residential facility equals a unit of service.

### **Documentation**

1. Resident case records maintained by the agency shall include daily attendance logs.
2. All case records must maintain the Individual Service Plan for each individual.
3. Participation in planned treatment groups must be documented within the client record and include the type of group and duration of time provided.
4. Individual Service Plans must be completed within 30 days of admission to the group home.
5. Client files must demonstrate coordination with the assigned case manager.

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## **Delinquency and Court Services Division**

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### **INTRODUCTION AND INSTRUCTIONS**

The Delinquency and Court Services Division's mission is to improve public safety and provide court referred youth the opportunity to become more productive citizens by building on the strengths of youth and their families in the least restrictive, most homelike environment that is consistent with public safety. The Division provides intake, probation supervision, intervention, and placement services to youth, and their families, who are the subjects of Milwaukee County delinquency proceedings.

The Delinquency and Court Services Division (DCSD) provides direct services and contracts for specific programs and services that meet the individual needs of juveniles, ages 10 through 16, who enter the Juvenile Court system. The primary goals for these programs and services are: (1) to provide for the community's safety by reducing the risk factors associated with delinquent behavior; (2) to ensure that juveniles are held accountable for their behaviors and court expectations; and (3) to build systems and programs that cultivate life skills and personal responsibilities within our youth. In meeting these goals we create the opportunity for every youth to become a healthy and contributing member of the community.

Services that are purchased by the Delinquency and Court Services Division are allocated to match the priorities of our service area and to manage the available resources. Substantial effort has gone into applying for grants that supplement state and county funding. The Division attempts to utilize its funds to provide a broad continuum of services for juveniles. Services range from early intervention programs, including the First Time Juvenile Offender Program, to community-based alternatives that can divert juveniles from a commitment to the State's Juvenile Correctional Institutions. The Division will continue to develop and support service models that are culturally competent, culturally diverse, and will meet the needs of our youth and their families.

**For calendar year 2010, we have placed one new program within the RFP for Delinquency and Court Services. The remaining programs fall within multi-year contracting cycles and, based upon service needs and priorities, will be included in the RFP for a subsequent contract year.**

### **2010 Application Requirements and Uniform Program Numbers**

DCSD is issuing a Request for Proposal for contract year 2010 for the following program. This program is open for competitive application.

## DCSD 007 – Re-Entry Coordination Services

Agencies seeking to contract for the provision of this program are required to submit a **complete application** package that includes all of the documents and formats as defined in the *Year 2010 Purchase of Service Guidelines – Technical Requirements* and the *Year 2010 Purchase of Service Guidelines – Program Requirements*.

New applicants should include an action plan and time frame for program start-up as part of the Program section of the application.

The following Purchase of Service programs currently fall within a multi-year contracting cycle and **are not open** to new provider agencies. The **current provider** agencies for these programs must file a **partial application for each program** that includes all the items listed under FINAL SUBMISSION plus the Authorization To File for 2010. Please refer to the *Year 2010 Purchase of Service Guidelines – Technical Requirements* section of this CD.

- DCSD 001 – Day Treatment Program
- DCSD 003 – Firearm Supervision Program
- DCSD 004 – First Time Juvenile Offender Program (FTJOP) – Tracking
- DCSD 005 – Foster Care Licensing and Case Management
- DCSD 006 – Group Care
- DCSD 008 – Level 2 In-Home Monitoring Program
- DCSD 009 – Serious Chronic Offender Program
- DCSD 010 – Adolescent Sex Offender Treatment Program
- DCSD 011 – Shelter Care

**Partial applications for programs that fall within a multi-year contracting cycle are due the same date and time as the complete application for programs that are included in the 2010 RFP.**

### **Funding Note for 2010:**

As in recent years, the uncertainties of funding for 2010 may result in significant changes in the structure or funding of our programs by the time the applications are due for submission in September. Applicants should contact the Division and check the Milwaukee County DHHS website for updates to the RFP prior to writing and submitting a proposal. Inquiries should be made to Michelle Naples at telephone (414) 257-5725 or email [michelle.naples@milwcnty.com](mailto:michelle.naples@milwcnty.com)

### **Important Note Regarding Program Evaluations:**

For agencies under contract in 2010, Delinquency and Court Services Division requires a single annual program evaluation report for the period July 1, 2009 – June 30, 2010. The report is due August 6, 2010.

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

*For Delinquency and Court Services, the evaluation reports should be submitted to:*

David Emerson, Contract Services Coordinator  
Vel R. Phillips Juvenile Justice Center  
10201 Watertown Plank Road  
Wauwatosa, WI 53226

**PROGRAM PURPOSE**

**Re-entry coordination services involve case planning, case management, and monitoring of Milwaukee County youth who have been committed to the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Re-entry coordination services are provided to youth and families during youths' placement in secure institutions and following release to the community to facilitate reintegration and safely maintain youth in the community.**

**Background**

There are over three hundred Milwaukee County youth under the custody of the Wisconsin Department of Corrections (DOC), Division of Juvenile Corrections (DJC) at any point in time. Committed youth are placed in one of three secure correctional facilities and typically are sent to State corrections on a 1-year order allowing for release at any point in time consistent with the least restrictive placement and community safety as determined by the DJC Office of Juvenile Offender Review (OJOR). OJOR is authorized to make all placement decisions during the dispositional order. The total length of stay in the custody of DJC may be increased by a petition to the court to extend the dispositional order. The average length of time before a youth is first released from a juvenile correctional institution is 14.3 months. The majority of these youth are released with time remaining on their dispositional order to allow for aftercare supervision and services. Historically Milwaukee County has purchased State-provided aftercare supervision for youth released from juvenile correctional institutions. In 2010, Milwaukee County will begin to provide aftercare supervision for a limited number of youth as ordered by the committing court.

Youth receiving re-entry coordination services may be under State or County-provided aftercare supervision. Re-entry coordination services will supplement any existing supervision and services provided to Milwaukee County youth committed to DJC. Regardless of the responsible party for supervision, an array of services (e.g. Wraparound Milwaukee, day treatment, group homes, accountability programs, and Children's Court Network Services) will be available through DCSD for youth receiving re-entry coordination services. The selected vendor will be instrumental in recommending, planning, and coordinating services available through DCSD as well as providing case management and monitoring services to ensure participation in the services and supports identified in the youth's care plan.

This contract will be awarded to a single vendor to provide re-entry coordination services to 55 youth.

## **REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS**

Services include but are not limited to the following:

- Contact the institution social worker within 48 hours of receiving referral and provide input to institution social worker during assessment period based on own assessment of youth and family strengths and needs.
- Participate in all formal Office of Juvenile Offender Review - Joint Planning and Review Committee meetings as a representative of Milwaukee County to assist in developing the youth's case plan and identifying placement options.
- Maintain monthly face-to-face contact with youth while in juvenile correctional institution or mental health institution.
- Facilitate contact between youth and their families while in out-of-home placements and keep the family informed and engaged with the youth.
- Maintain contact with DCSD and participate in staffing requested by DCSD. Provide frequent and timely written feedback to DCSD and the court as requested.
- Record any required information on participating youth in web-based Synthesis Information Management System.
- Maintain contact with institution social worker and other staff involved with the youth to review youth's progress and ensure that treatment needs are being addressed according to the youth's case plan.
- Recommend placement of youth into the transition phase when appropriate and assemble (if county provides aftercare supervision) and/or participate in Transition Team meetings while youth is in the institution and in the community on aftercare.
- Identify formal and informal services and supports to assist in youth's transition to the community and complete any necessary paperwork for release and referral to community-based services in conjunction with DCSD liaison. Facilitate connection to community-based programs and schools.
- Arrange logistics of transition to alternate care facility or home as necessary.
- Provide in-home family crisis intervention as necessary.



- Collaborate with other social service agencies serving youth.
- Provide community advocacy and serve as liaison between DCSD, institution or alternate care facility, community service providers, and DJC agent (if state provides aftercare supervision).
- Provide case management, support, and monitoring of youth during participation in treatment programs, educational/vocational training or employment and other activities in support of the youth's care plan. Intensity of monitoring is to be based on individualized case planning building on strengths and needs of youth and families. Additional monitoring activities include, but are not limited to: drug testing, school checks, curfew checks, etc. However, please note that these monitoring activities may be adjusted on a case-by-case basis for youth who are involved in other intensive monitoring or programs provided by local community agencies.

### **Placement Criteria**

DCSD will identify youth for referral to re-entry coordination services. Consultation with the selected vendor will occur as necessary. A copy of the court report, along with the dispositional order or docket sheet and other supporting documentation, will be provided to the vendor.

### **Client Contacts**

The following are the required client contact standards for youth receiving re-entry coordination services. However, please note that these standards may be adjusted on a case-by-case basis for youth who are involved in other intensive monitoring services provided by local community agencies.

- Monthly contact with youth in juvenile correctional institutions and mental health institutions and monthly contact with family.
- Daily contacts with youth in the community and three to five contacts weekly with family.
- Duration of contact to be determined in accordance with case plan.
- 10% of total contacts per month with family may be telephone contact.

### **Staffing Pattern**

Staff working with youth and families must possess a bachelor's degree in a human services field and two years experience with programs serving juveniles. The provider must be able to document staff experience at the request of the Division. Staff must have access to clinical expertise for guidance on working with youth with a high incidence of mental health and AODA problems. Applicant agencies with certification as a Wisconsin outpatient mental health clinic are preferred.

The application should include a written description of the provider's orientation plan for new staff and ongoing staff development programs and a description of how staff will be supervised.

## **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

DCSD will determine additional documentation and data collection requirements. The vendor must record any required information on participating youth in the web-based Synthesis Information Management System.

Individual case files must include:

- Referral forms
- Client and family intake forms
- Client and family assessments and service plans
- Contact sheets to include the date of contact, name of person contacted, services provided, and the type and substance of the contact
- Consent forms
- Incident reports
- Service authorization forms

## **EXPECTED OUTCOMES AND INDICATORS**

The goal of the program is for participating youth to be successfully integrated back into the community to the least restrictive placement as soon as appropriate and remain free of referrals to the juvenile justice system.

The following are expected outcomes and indicators for youth participating in re-entry coordination services:

**Outcome 1:** 90% of youth in juvenile correctional institutions will be returned home or to a less restrictive setting during the commitment period.

**Indicator:** Number and percent of youth in juvenile correctional institutions returned home or to a less restrictive setting during the commitment period.

**Outcome 2:** 55% of youth in juvenile correctional institutions will be returned home or to a less restrictive setting within 9 months of placement.

**Indicator:** Number and percent of youth in juvenile correctional institutions who are returned home or to a less restrictive setting within 9 months of placement.

**Outcome 3:** 70% of reintegrated youth will remain home or in the least restrictive placement during program involvement.

**Indicator:** Number and percent of reintegrated youth who remain home or in the least restrictive placement during program involvement.

**Outcome 4:** 80% of youth will not have additional juvenile justice referrals during program involvement following release from the secure institution.

**Indicator:** Number and percent of youth who do not have additional juvenile justice referrals during program involvement following release from the secure institution.

**Outcome 5:** 60% of each youth's parents will visit their child while placed in a juvenile correctional institution monthly.

**Indicator:** Number and percent of youth's parents who visit their child while placed in a juvenile correctional institution monthly.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

## **FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL**

### **DAY TREATMENT PROGRAM**

**Program DCSD 001**

#### **PROGRAM PURPOSE**

**Day Treatment is designed to enhance community safety, to ensure youth accountability, and to cultivate the skills that enable a youth to participate positively in the larger community. The program may allow students to attend off site schools prior to the expiration of their court order for Day Treatment.**

The Delinquency and Court Services Division's Day Treatment Program is a non-clinical program that involves the Milwaukee County Children's Court, the Day Treatment providers, the Milwaukee Public Schools (MPS), and other community resources. Day Treatment provides on-site schooling and other services to meet the multiple needs of youth and their families. **Each program site will be funded in multiples of 15 slots.**

Milwaukee County is requesting innovative proposals that minimize or mitigate risk factors associated with increased probability of additional delinquency-related behavior. Describe how your program will individualize services within a structured setting to meet the needs of youth who present varying levels of risk (low to high) for re-offending. When describing your program, please reference specific evidence-based components of your program including supporting research.

#### **Target Population**

Day Treatment serves as a community-based alternative to out-of-home placements including residential or correctional facilities. Client families may present various functional problems such as drug and alcohol use, mental health, or other etiologies. The program targets youth ages 12-17 and applicants must be able to accept the following youth:

- Adjudicated Delinquent youth under Department supervision.
- Wraparound Milwaukee Clients under Department supervision.
- Aftercare youth under Division of Juvenile Corrections supervision.

#### **REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS**

Provide a schedule of the program's **hours of operation** for both MPS school days and non-school days (including the summer months).

In addition please provide a **daily schedule** for counseling and other program-related activities.

Describe the rooms at your facility where these activities will take place. Identify which staff positions will facilitate or monitor the activities. The program model must develop and integrate these specific components:

### **Service Related**

1. Bi-Lingual capability for program sites that work with Spanish speaking families.
2. Initial assessment, service plans, progress reports, discharge summaries.
  - Written assessments and service plans completed with copies forwarded to Children's Court Probation and/or Wraparound staff within 45 days of intake. Include a sample copy of your assessment and service plan template along with your application.
  - Staffing Reviews with copies forwarded to Probation and/or Wraparound staff.
  - Discharge Summaries completed with copies forwarded to Probation and/or Wraparound staff within 10 days of the discharge.
3. Availability of direct (face-to-face) counseling including Youth, Family, and Group work. Youth enrolled to Day Treatment should have, at a minimum, one scheduled, individual meeting per week with a counselor, mentor, or other qualified program staff member.

Recommended topics for counseling include Empathy Building, Relationship Violence, Errors in Thinking, Anger Management, Conflict Resolution, AODA education, etc. Describe the space that is available for private counseling.

Note: Social workers and counselors must be available to accommodate the schedules of working parents.

4. Job Preparedness training.
5. AODA identification, including drug and alcohol screening (urine analysis) that supports service plan goals.
6. Programming during summer vacation, winter, and spring breaks, and other days when MPS is not in session.
7. Program representation at court hearings and Wraparound team meetings as requested.
8. Structured response to client absenteeism. Please list the staff and process comprising your program's response.

9. Public transportation to and from the program.
10. Allowance and level system for students.
11. City of Milwaukee code compliance for all Day Treatment facilities. In addition please describe any training that is provided to program staff in the area of **crisis intervention** or **violence prevention**. Submit copies of agency guidelines regarding student **suspensions**, and **physical restraints**.

### **Education Related**

School is provided through a relationship with MPS and must include the following elements:

1. Class sizes that are no larger than 15 students.
2. A core academic curriculum plus Health and Human Sexuality, Physical Education, and Art. **Summer school is to be included.**
4. Certification to accept students with Special Education Needs.
4. The ability for students to complete a full semester of academic credits each semester.
5. Arrangements for MPS support staff to provide:
  - Diagnostic assessments of Special Education and At Risk students.
  - Development and monitoring of the Individual Education Plan (IEP).
  - Monitoring of program compliance with federal and state guidelines for Special Education and At Risk students.
  - Monitoring of the overall education program including lesson planning.
  - Consultation and technical assistance regarding the transition of students returning to regular MPS and alternative MPS programs.

Note:Describe the process by which your staff will work with MPS to ensure the successful transition of students who are returning to regular MPS and alternative MPS programs.

### **Staffing Related**

- An agency social worker, counselor, or case manager will be assigned to each student and family unit.
- The program coordinator or the social work supervisor must have a graduate level degree in a human services related major.
- Staff using the title “Social Worker” must be certified to practice Social Work by the State of Wisconsin, Department of Regulation and Licensing.

## **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Individual case files must include at a minimum:

- Initial family and child assessments and service plans.
- Staffing reports and service plan updates.
- Counseling notes and contact sheets that include the date and time of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral), and the signature or initials of the worker providing the contact.
- Incident reports

## **EXPECTED OUTCOMES AND INDICATORS**

**The actual program goals for Day Treatment Program may be mutually developed and agreed upon by Milwaukee County and your agency. Milwaukee County has established the following outcomes-based quality measures:**

**Outcome 1:** Average daily attendance plus excused absences will equal 75% of total Day Treatment days of service.

**Indicator:** Attendance and excused absence totals as reported on Day Treatment monthly invoices.

**Outcome 2:** 60% of the youth who are enrolled in Day Treatment will complete the program.

**Indicator:** Number and percent of youth who complete the program.

**Outcome 3:** 95% of the youth who complete the Day Treatment program will be enrolled in a school or a job training program upon discharge.

**Indicator:** Number and percent of youth enrolled in school or job training program upon discharge.

Note: Because of the relationship between Milwaukee County, the Day Treatment programs, and MPS, the academic performance will be assessed by MPS.

## **FUNDING**

MPS provides for the education related services and costs of MPS students enrolled in Day Treatment by separate agreements through MPS Partnership Schools. Milwaukee

County, by separate agreement, currently reimburses MPS for non-District or expelled MPS students who are enrolled in the Day Treatment Program.

### **REIMBURSEMENT**

Providers will be reimbursed on a fee-for-service basis based upon a daily unit rate. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific (Rate X Unit) Rate Statement must be submitted following the end of each calendar month according to DHHS policy.



**PROGRAM PURPOSE**

**This program is designed to serve youth living in the community who are placed on probation due to offenses that involve a firearm but may also include aftercare youth who are under Division of Juvenile Corrections Supervision.**

The Firearm Supervision Program began in July 1999 and serves as a specialized program for youth on probation. The program was originally funded in large part through a Juvenile Accountability Incentive Block Grant made available through the Office of Justice Assistance. Although that funding has decreased significantly over the years, the program has remained through local funding. All referrals to Court that may involve a firearm are screened by the District Attorney's office, and then eligible cases involving a firearm are vertically prosecuted by one of the District Attorneys. Most of the youth entering the program are ages 15 and 16. Ninety-five percent or more are male, and 75% are African-American.

DHHS is requesting proposals from agencies to primarily provide one-on-one monitoring services for approximately 60 youth at any one time. Intensive monitoring services are provided for the youth during the first six months, with a reduced level of monitoring provided for the remainder of the youth's probationary period. Additional service components must also be provided, as described within this RFP.

The agency that is selected to provide this program may receive supplemental funding as approved and authorized by the Milwaukee County Board to provide prevention and aftercare services for youth and families enrolled in this program. Upon award, a separate plan for the use of those funds will be required for this pilot project.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS**

The program was designed to address the specific issues of youth involved with firearms. These youth frequently are older and likely have had previous encounters with law enforcement. All youth referred to the program have been adjudicated and are serving a probationary period under the supervision of a probation officer.

Juveniles selected for the program shall be accepted and assigned to a Monitor employed by the agency receiving the contract. Each program participant will receive a minimum of 26 weeks of intensive monitoring services (**Phase 1**), with less intensive services being provided for the remainder of the youth's probation period (**Phase 2**).

The Monitor and Probation Officer will set up an initial meeting with the juvenile and his/her parents to discuss all matters related to accountability and court conditions.

Monitoring activities will include counseling, crisis intervention, offering support to the juvenile and parent(s), enabling the juvenile to attend and make progress in school, introducing the juvenile to alternative activities, and assisting the juvenile to complete any required community service. Monitors are expected to get to know each juvenile's teachers and other school staff so that they can get regular updates on the juvenile's school attendance and academic progress. Monitors will spend time outside of school hours with the juveniles both one on one and in small groups. Monitors are expected to show the juveniles alternative ways to spend their free time.

Routine communication between the Probation Officer and Monitor is critical to the success of the program. The Monitor must work closely with the assigned Probation Officer to coordinate their efforts and to share information on the juvenile's progress. Monitors will be expected to collect data on each juvenile and prepare written reports on each juvenile's progress to be shared with the Probation Officer. Juveniles who do not comply with the program and the conditions of probation may be returned to court for a revision in their orders and/or removal from the program.

Agencies submitting proposals for this contract are encouraged to include programming in the application for participants when school is not in session (vacations and after school). Group sessions for juveniles in the program are intended to provide knowledge, personal assistance, recreation and insight, as well as providing opportunities for juveniles to interact with agency staff and to meet others in the program. Academic, AODA, anger management, thinking/decision-making processes, health issues, job readiness, school and community behavior, concerns for victims, computer skills training and recreational issues must be addressed. Attendance at these sessions is mandatory on the part of the youth.

### **Monitor Activities**

Monitors shall be reflective of the culture and ethnicity of the juveniles they serve. A Monitor shall be assigned to each juvenile from the same zip code or neighborhood. Exceptions to this policy may be allowed on a case-specific basis. Monitors are limited to working with 5 youth at one time. Monitors must have access to the family's home until 11:00 pm in order to provide monitoring.

### **PHASE 1 (First 26 weeks)**

- Verifying the juvenile's enrollment in school and monitoring his/her attendance and performance. Visits to the school will be made daily for the first 13 weeks and 3 times per week the second 13 weeks.
- Spending time in face-to-face contact with each juvenile. A face-to-face contact with the youth will be done every day, including weekends, during the first 13 weeks. Contact is reduced to 5 times per week during the second 13 weeks. The contract will require monitoring staff to spend an average of 10 hours each week in face to face contacts, keeping track of and keeping records on each juvenile.

## **PHASE 2 (Remainder of Probationary Period)**

- Verifying the juvenile's enrollment in school and monitoring his/her attendance and performance. Visits to the school will be made once per week, with daily contacts made by phone.
- Spending time in face-to-face contact with each juvenile. A face-to-face contact with the youth will be done once per week, either one-on-one or in one of the group settings.

## **BOTH PHASES 1 & 2**

- Work with school staff to identify barriers that may keep the juvenile from achieving in school; assist in removing barriers.
- Daily curfew checks with the youth by phone.
- Maintain continued knowledge of whereabouts of the youth. Youth is responsible for calling when leaving home, school, work, etc.
- Exposing the juvenile to 3 or 4 alternative activities per week, which will assist in keeping the juvenile out of trouble.
- Providing support to the parent(s).
- Being available 24 hours a day, seven days a week by pager or cell phone.
- Faxing weekly reports to the Probation Officer.
- One phone contact per week with the Probation Officer on each youth.
- Attending court hearings with the juvenile as requested by the Probation Officer, District Attorney, or Judge.

## **Staffing Related**

Monitoring staff should be experienced in the delivery of social services to juveniles and their families. Individual monitors may reflect various specialized skills. Monitors are required to have a high school degree or equivalent.

Agency proposals should include a description of how monitoring staff will be supervised. Supervisory staff should have a minimum of two years experience supervising monitoring/tracking staff in programs for youthful offenders. In addition, the supervisor(s) should have a minimum of five years experience working in programs serving juvenile delinquents. A college/university degree is preferred. The supervisor will be responsible for the day-to-day operation of the program including reviewing the number of contacts between Monitors and each juvenile and ensuring that Monitors are responsive to the needs of participants.

## **REQUIRED DOCUMENTATION**

Documentation and data recording requirements will be determined by Milwaukee County.

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Individual case files must include:

- Service Authorization and referral forms.
- Initial client and family intake forms.
- Initial client and family assessments and service plans.
- Counseling notes or contact sheets to include the date of contact, the name of person contacted, services provided, and the type of the contact (e.g. face-to-face, phone, collateral, etc.).
- Consent forms.
- Incident reports.
- Discharge summaries.

### **EXPECTED OUTCOMES AND INDICATORS**

The Firearms Program services are expected to be a productive alternative to a correctional placement by holding youth accountable and minimizing a youth's risk for re-offense.

#### **Program Goals**

The program has several goals, which include the reduction of recidivism, keeping youth in school, and providing services to assist in the achievement of those goals. Specific goals and objectives should be developed to address these general goals. The discussion should identify how the goals and objectives will be measured and evaluated. Criteria for successful program completion may include:

- Improve school attendance and grades
- Decrease school-related problems
- Completion of job applications
- Participating in activities coordinated by the monitoring agency without further incident
- Attending meetings with Probation Officer
- Active and positive participation in planned activities
- Increased understanding of victims concerns
- No subsequent offenses committed while in the program

#### **Specific required outcomes and indicators include the following:**

**Outcome 1:** Program Completion

**Indicator:** Number and percent of youth who complete the program.

**Indicator:** Number and percent of youth who complete service plans goals.

**Outcome 2:** Improved school attendance and performance.

**Indicator:** Number and percent of youth who demonstrate an improvement in school attendance.

**Indicator:** Number and percent of youth who demonstrate an improvement in school performance.

**Outcome 3:** Improved behavior, attitudes, and understanding of offense dynamics by enrolled youth.

**Indicator:** Number and percent of youth who demonstrate improved accountability.

**Indicator:** Number and percent of youth who can demonstrate recognition of high-risk behaviors.

**Indicator:** Number and percent of youth who demonstrate improved decision-making.

**Outcome 4:** Improved family functioning and understanding of offense dynamics.

**Indicator:** Number and percent of families that can recognize high-risk behaviors of their youth.

**Outcome 5:** Compliance with Court Conditions

**Indicator:** Number and percent of active youth who are not subsequently court-ordered to Department of Corrections.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policies.

**FIRST TIME JUVENILE OFFENDER PROGRAM (FTJOP) TRACKING Program**  
**DCSD 004**

**PROGRAM PURPOSE**

**The First Time Juvenile Offender Program is a diversion program for youth who would otherwise be subject to a delinquency petition and subsequent court proceedings.**

This program serves youth ages 10 through 16, who are identified by the Delinquency and Court Services Division, the District Attorney's Office and/or the Courts, as candidates for the program. Youth are offered the option of taking part in this program, usually under a Deferred Prosecution Agreement (DPA). A DPA, under Wis. Statutes, is an agreement between the District Attorney's office, DHHS, a youth and his/her family or legal custodian regarding services and/or conditions. Youth are usually placed in the First Time Juvenile Offender Program for a period of six months from their completed intake. However, they may be extended for longer periods without court review. If there are concerns about the compliance of the youth, DHHS can re-refer the case to the District Attorney's office, which may petition the court on the pending offense(s).

During the 12-month period of May 2007 – April 2008, tracking services were provided to 691 youth and their families. During the same period of time, the average caseload per agency was 90 youth per month.

This program will operate under Fee-For-Service agreements and will be awarded to a maximum of two vendors. At least one program (staff and services) must be located north of I-94 and at least one program (staff and services) must be located south of I-94. This will make our services more visible and available on both the north and south sectors of Milwaukee County.

Because the program continues to develop its reliance on the electronic transmission of information, all Tracking agencies must have computers and e-mail access available to each of its Trackers.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS**

The FTJOP is designed to serve youth under the overall responsibility of a Tracker. Each youth will be enrolled in the program for a minimum of six months, which can be extended if necessary. Each Tracker will be assigned a maximum of 27 youth to monitor at any one time, unless an increase is pre-approved by DCSD.

In order to provide all youth and families with individualized service plans, tracking agencies must also indicate their willingness to provide tracking services to youth not formally enrolled in the FTJOP (if requested by DCSD). Services will not exceed the requirements contained within this service description.

The program design for Tracker agencies has several specific requirements that must be addressed by agencies submitting proposals:

1. Tracking agencies must emphasize “empowering families”. This concept is defined as assisting families to select their own service providers and to empower families to be responsible for decision-making in regards to their child.
2. Tracking agencies must develop individual service plans using Children’s Court Services Network (CCSN) approved agencies and must actively monitor participation in these services.
3. Tracking agencies selected to provide services:
  - a. will receive referrals through a First Time Juvenile Offender Program Staffing held each Wednesday morning. The FTJOP Supervisor will assign cases with consultation from the Tracking Agency.
  - b. must agree to accept all referrals made by the FTJOP Supervisor.
  - c. must agree not to close or terminate an assigned case from services without the approval of the FTJOP Supervisor.
4. Program evaluation is essential to measure the effectiveness of this model for first time juvenile offenders. Tracking Agencies must indicate that they will agree to collect and provide the FTJOP with the required data and reports including defined outcome measures.
5. Because Tracking Agencies will be meeting with youth and families in a variety of settings, including homes that are located in high crime areas, the agency must include a safety plan that describes how the safety of their employees will be ensured.
6. Cultural competence is a keystone to this program since many of the youth to be served come from minority communities. One goal of the FTJOP is to create a culturally competent service system. Recruiting, hiring and retaining minority and bilingual staff is key to achieving cultural competence. Each Tracking Agency should include in their application the strategies used to enhance the development of culturally competent Trackers.
7. Trackers’ work hours should meet the needs of youth and working families with an emphasis on maximizing face-to-face contacts.

Tracking agencies will provide the following services or activities:

1. Provide appropriate staff to attend a weekly staffing where cases will be assigned to a Tracking agency.

2. Work with the youth who are referred to the program (and their families) to ensure that these program requirements are completed:
  - Community Education Class
  - Community Service Hours
  - Letter of Apology
3. Utilize information provided by a DCSD Intake Specialist and interact with the family to help assess the youth and family's service needs.
4. Involve the family in the selection of the CCSN agencies that will provide services.
5. Provide ongoing monitoring and support to ensure the youth's participation in services.
6. Prepare a written Service Plan (separate from the Intake Specialist's Service Plan/Program Referral Form and the Service Plan Authorization Form) that summarizes the assessed needs of the youth and family, the services to be provided and monitored, and the short and long-term goals.
7. Assist the youth with scheduling the first appointment and with any problems that occur during the DPA.
8. Assist with transportation arrangements and with monitoring the youth and family's program-related attendance and participation.
9. Submit a monthly Tracking Report that identifies the actual services that the youth and family received and summarizes the tracking contacts for the month.
10. Monitor the provision of services and recommend service plan changes to CCSN Administration. This includes monitoring service expiration dates and requesting extensions to avoid interruptions in services.
11. Recommend new services or resources to be added to the CCSN when identified.
12. Monitor and report the youth's school attendance and performance. If problems are identified, the tracking agency should recommend modifications to the service plan.
13. Serve as a liaison between the youth/family and the CCSN service providers.



### **Staffing Related**

Trackers hired after 1/1/2009 must possess a BA/BS in Social Work or related field (with approval of CCSN Administration). The Tracker Supervisor must possess a BA/BS in Social Work or related field (with approval of CCSN Administration) and have a minimum of 2 years experience with programs that serve juvenile delinquents. The Tracker Supervisor (or designee) will be required to be available for Wednesday staffing meetings.

### **REQUIRED DOCUMENTATION**

The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.

Documentation for the program includes (but is not limited to) the following:

- FTJOP Service Plan/Program Referral Form
- CCSN Service Plan Authorization Form (SPAF)
- CCSN Service Plan Amendment
- Service Plan

The FTJOP Service Plan/Program Referral Form is a document that is developed by Division staff and includes the initial set of approved services. Following their initial meeting with the youth and family, Tracking agencies must completely fill in the SPAF (including added services) and must also complete an individualized Service Plan.

The SPAF will be reviewed and approved by CCSN staff prior to the start of services with CCSN staff having final approval over all services. The SPAF must be submitted to CCSN within three weeks of the Tracking agency receiving the referral. All CCSN Service Plan Amendments must be reviewed and approved by CCSN Staff. Ongoing reviews of the Service Plan should be completed by the Tracking agency.

### **Individual FTJOP case files must be kept in a locked cabinet and must include:**

- Case referral documents from Children's Court.
- FTJOP agency intake forms (including signed consents).
- FTJOP Service Plan/Program Referral Form
- CCSN Service Plan Authorization Form (SPAF)
- CCSN Service Plan Amendment
- Individualized Service Plan summarizing needs, services, and goals
- Monthly CCSN Tracking reports and monthly Network Provider reports.
- Case contact sheets that include the date of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral, etc.), and the signatures of the worker providing the contact and the worker's supervisor.
- Court related documents.
- Incident reports.

## **EXPECTED OUTCOMES AND INDICATORS**

The program has two primary goals: (1) to reduce the rate of recidivism of youth enrolled, and (2) to maintain or increase school attendance and academic achievement. This is accomplished by providing an individualized and coordinated set of services to address the specific needs of each youth.

**Outcome 1:** 75% of all youth enrolled in FTJOP will successfully complete the program.

**Indicator:** Number and percent of youth who complete the program.

**Indicator:** Number and percent of youth who complete service plans goals.

**Outcome 2:** 75% of all youth enrolled in the FTJOP will not re-offend during their 6-months in the program.

**Indicator:** Number and percent of youth who do not re-offend while enrolled in the program.

**Outcome 3:** 75% of all youth enrolled in the FTJOP will maintain, and preferably improve, their school attendance and grade point average.

**Indicator:** Number and percent of youth who demonstrate an improvement in school attendance.

**Indicator:** Number and percent of youth who demonstrate an improvement in school performance.

## **REIMBURSEMENT**

Tracker Agencies will be reimbursed for documented tracking services on a fee-for-service basis. The unit rate is \$2.90 per 1/10 hour (6 min.) of service provided to an individual case (youth/family). Tracker agencies will be reimbursed for a maximum of forty-two (42) hours for each youth during a six-month period.

## **SPECIAL BUDGET REQUIREMENT**

For this program, the following budget forms are required with the Initial Submission and with the Final Submission:

- Form 1
- Forms 2, 2A and 2B

The complete budget package, as identified in the Application Contents of this RFP, is not required.

**PROGRAM PURPOSE**

**This program provides foster home recruitment, licensing and case management services to youth and their families who are subjects of the juvenile court and are active with the Delinquency and Court Services Division.**

The majority of Milwaukee County juveniles who are placed in foster care are CHIPS cases and are therefore the responsibility of the State of Wisconsin. However a small number of juveniles who are adjudicated delinquent are also placed in foster care. It is our intention to contract for the recruitment and licensing of foster homes and for the case management services for delinquent juveniles who are placed in foster care. Youth who are placed outside the parental home and into the home of a relative may also require case management services. Based upon our experience, we anticipate that five to ten homes for delinquent juveniles will require licensing in one year.

While the recruitment of foster homes is sometimes necessary, experience has shown that many delinquent juveniles are already residing outside the biological home when they appear in court, having found other living arrangements. Many of these arrangements have subsequently become licensed foster homes for the specific juvenile. In these cases, it is necessary only to complete the home study and determine its appropriateness for providing foster care for the specific child.

This program will operate under a Fee-For-Service agreement and will be awarded to a single vendor.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS**

This program RFP has two major components:

- The recruitment and licensing of homes to provide foster care for juveniles, acknowledging that many juveniles find their own homes.
- The provision of case management services for delinquent youth in foster care or relative placement.

The following activities are required components of the program and should be addressed in the RFP:

1. Recruitment of homes to provide foster care for delinquent juveniles.
2. Perform licensing studies.
3. Relicense foster homes as necessary.
4. Provide foster parent training.

5. Provide case management services to ensure adequate service delivery to the juvenile based upon demonstrated need.
6. Maintain records as applicable for foster parents and foster children.
7. Provide payments to foster parents.

### **Licensing Plan and Support**

The contracting agency must be certified as a Child Placing Agency by the State of Wisconsin. Agency staff must have a working knowledge of State of Wisconsin requirements for licensing foster homes. Please describe the process your agency uses to recruit and license foster homes, including those homes found by the youth themselves. Also, please address what is available for training and support assistance for foster parents, as the contracting agency will also be responsible for the continued maintenance and support of the foster home or relative placement.

### **Case Management**

The contracting agency will be responsible to provide ongoing case management to an average of three adjudicated juveniles at any one time.

### **Staffing Related**

Licensing and case management staff must be familiar with State of Wisconsin foster home licensing procedures and requirements and with appropriate case management practices for foster homes.

## **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Foster home files must include the following:

- Assessment and licensing plans.
- Caregiver background checks consistent with Milwaukee County contract requirements and State of Wisconsin Foster Home licensing requirements.
- Employment verification.
- Insurance verifications.
- Incident reports.
- Foster home study.
- Contact sheets, including date of contact, name of person contacted, content of contact, and type of contact (telephone, face-to-face, etc.).

Agency files must include the following:

- State Child Placing License.
- Applicable State of Wisconsin foster care licensing requirements and administrative codes.

- Incident reports.
- Procedure for setting foster care rates.
- Case management standards.

Individual files for each juvenile in foster care must include the following:

- A visitation plan.
- A permanency plan.
- Documentation of case management activities.
- Contact sheets, including date of contact, name of person contacted, content of contact, and type of contact.

## **EXPECTED OUTCOMES AND INDICATORS**

**Outcome 1:** To maintain the availability of up to three foster homes for delinquent youth ages 10-16.

**Indicator:** Number of foster homes available to DCSD according to monthly agency records.

**Outcome 2:** To provide foster care case management for an average of three adjudicated juveniles at any one time.

**Indicator:** Number of case management units and number of recipient families according to monthly DCSD invoices.

## **REIMBURSEMENT**

### **1. Foster Home Recruitment and Licensing**

The provider agency may bill DCSD the agreed upon rate for the recruitment and licensing of foster homes that are reserved for the potential use by DCSD.

Payment for Foster Home Recruitment and Licensing will be based upon a per-license flat fee, not to exceed \$2,500. The Contractor will submit an itemized, detailed, and recipient-specific invoice for completed Milwaukee County DCSD related licenses. Payment for Foster Home Recruitment and Licensing is included in the allocation for the Foster Home Licensing and Case Management Program.

### **2. Case Management**

Case Management will be reimbursed on a fee-for-service basis based upon a daily unit rate of \$92.00 per recipient family.

### **3. Foster Home Payments**

Milwaukee County will reimburse the provider agency for the cost of foster home payments. Payments to the foster home parent will be made by the provider agency. Foster care payments made by the contract agency directly to foster parents during the

month under the Milwaukee County DCSD contract are included in the Case Management Daily Rate. The applicant shall submit a foster home “daily rate” schedule that will apply to juveniles in foster care. If the payment rate is variable, please outline how the variable rate will be applied. Please address your agency’s policies relating to the payment of any ancillary charges.

#### 4. Pre-License Foster Home Costs

The agency will also be reimbursed, with prior approval of Milwaukee County DCSD, for Pre-License foster home payment costs up to a maximum of ten days or retroactive to the date of the court order for placement.

Monthly reimbursements for each program component (excluding payments for #4, Pre-License Foster Home Costs) will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific (Rate X Unit) Rate Statement must be submitted following the end of each calendar month according to DHHS policy.

#### **SPECIAL BUDGET REQUIREMENT**

For this program, the following budget forms are required with the Initial Submission and with the Final Submission:

- Form 1
- Forms 2, 2A and 2B

**The complete budget package, as identified in the Application Contents of this RFP, is not required.**

**PROGRAM PURPOSE**

**Group Homes provide 24 hour a day community based living for youth who are experiencing problems with their families, schools, and in the community. These youth are unable to establish or maintain close functional family relationships and need an alternative living arrangement.**

All youth placed into Group Care are adjudicated delinquent and are ordered to Group Care by Milwaukee County Children's Court.

The Delinquency and Court Services Division will be accepting proposals in anticipation of awarding contracts for 30-32 beds (four 8-bed awards and/or three 8-bed awards plus one fractional 8-bed award) of Group Care for male youth. The Division may have a need for additional beds, including beds for girls. However, DCSD will purchase those beds on a fee-for-service basis and therefore they are not included in this RFP. The programs must have the ability to identify and case manage youth who present mental health issues, emotional disturbances and/or AODA problems.

Milwaukee County encourages Group Care providers to continue to develop their vision, mission, values, beliefs and principles. Providers are encouraged to:

- Assist the youth to develop the skills to live in the community.
- Help to integrate the youth into the community's social and economic life.
- Surround the youth with adults that are energized and passionate about their future.
- Promote family involvement in all aspects of services and the child's life.

**The applicant must be able to accept the following youth:**

- Adjudicated Delinquent youth under Department supervision.
- Wraparound Milwaukee Clients under Department supervision.
- Aftercare youth under Division of Juvenile Corrections Supervision.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES AND EXPECTED OUTPUTS**

The Group Care program seeks to:

- Achieve reunification with the natural family by breaking down identified barriers.
- Develop an appropriate long-term plan for youth for whom family reunification is not possible.

The program has ultimate responsibility for overseeing and providing supervision of their residents on a 24-hour/day basis. The resident is to be supervised directly by group home staff or by appropriate school or parental figures at all times.

The program description should include methods to address the specific needs of individual group home residents. The description should also address the family involvement necessary to meet defined program outcomes.

1. Provide counseling by the group home social worker:
  - Individual: One hour per week
  - Group (involving all residents): One hour per week
  - Family: At least 50 minutes every two weeks
2. Complete primary casework responsibilities including all court activities (reviews, extensions, etc.), assessments and referral needs of the residents and their families.
3. Provide individualized Service Planning and Crisis Planning.
  - Develop and maintain an initial assessment and crisis safety plan for each youth. Youth enrolled in Wraparound will have a plan that is developed by the crisis coordinator. Group home staff members are expected to participate in this development.
  - Provide the required crisis plan reviews and service updates to the crisis plan, unless the youth is enrolled in Wraparound.
  - Maintain a daily log and progress notes for each youth that documents daily contacts.
4. Staff development, training, and supervision.
  - Provide a written and comprehensive staff orientation and training plan that is consistent with the requirements as determined by the Mobile Urgent Treatment Team (MUTT).
  - Provide on-going orientation, staff development training, and training logs for each staff member. While not all inclusive, staff orientation and training can include approaches to empathy building, relationship violence, errors in thinking, anger management, conflict resolution, etc.



- Provide documented weekly clinical supervision of non-clinical staff by an agency employee or contracted provider who meets the requirements as determined by the Mobile Urgent Treatment Team (MUTT).
5. Develop and maintain an Interagency Agreement with Wraparound Milwaukee.
  6. Compute non-room and board costs from total facility costs.
  7. Maintain a signed consent for release of information for MUTT Team.
  8. Establish and maintain a working relationship with the MUTT Team.
  9. Provide an independent living program (for residents 16 and over).
  10. Provide menu planning and meal preparations that will occur within the group home and will include the participation of the residents. Weekly menus shall be posted. Cost-effective meal alternatives and snacks should be available to residents. For those residents excluded from school, meals are to be provided for both breakfast and lunch, not to exceed 6 hours between meals.
  11. Arrange for or provide vocational education, job readiness training, and tutorial services.
  12. Provide for scheduled, age appropriate recreational activities.
  13. Provide programming to increase awareness of victim rights.
  14. Ensure that annual medical and dental exams are completed for all residents.
  15. Enable participation in extra-curricular school activities.
  16. Develop written group home rules and written disciplinary protocols.
  17. Provide structured, goal-oriented educational programming for residents who are not enrolled in school.
  18. Provide documented psychological or psychiatric review or consultation for clients who require such services.
  19. Establish a working community advisory committee prior to initial licensure.

Note: In accordance with Wisconsin Statutes, Chapter 72, Laws of 1981, representatives of the proposed group home's neighborhood and local governmental units must be included. The committee is to continue functioning after licensure.

20. Monitor youth leaving the group home on a pass. Youth leaving the group home on a pass shall have a specific destination and reason for the event. Any deviation from that must be pre-approved by the DCSD Group Home Liaison.
21. Report incidents involving residents, staff, or police to the proper authorities, including the DCSD group home liaison, by the next business day. A written report needs to be received by the DCSD group home liaison within 36 hours of the incident. State and County workers investigating an incident are to be admitted to the group home upon request.
22. Complete a monthly case staffing and progress report for each resident. Reports shall include service goals, case contacts, and operationalized intervention strategies for each identified service issue.

#### **Staffing Related**

1. The vendor must ensure that at least one staff person per shift is awake and on the premises at all times.
2. Direct service staff must have at least one-year of experience working with juveniles. New employees must receive appropriate training within their first year of service.
3. The social worker must meet the requirements Milwaukee County has established for its Human Service Workers and be experienced in group and individual counseling of adolescents.
4. If the social worker is not an MSW, then the direct supervisor of the social worker must be. Waivers of this requirement will be considered by DCSD on an individual basis for advanced degrees in other human service related disciplines. This does not replace the certification requirements for clinical staff as determined by the Mobile Urgent Treatment Team (MUTT).

#### **Unit of Service**

One unit of service is one bed space for one overnight stay with physical presence in the group home at midnight.

#### **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Individual case files must include:

- Initial family and child assessments and service plans.
- Crisis safety plans and updates.
- Resident daily logs.
- Resident staffing reports, and service plan updates.
- Counseling notes and contact sheets that include the date and time of the contact, the name of the person contacted, the type of contact (face-to-face, phone, collateral, etc.), and the signature of the worker providing the contact.
- Court documents.
- Incident reports.
- Discharge summaries.

Agency files are to include:

- State regulations and requirements
- Incident reports
- Written procedures for (1) maintenance of client confidentiality, (2) storage of client files, (3) client access to records, and (4) procedures for transfer of records to other treatment providers.

### **EXPECTED OUTCOMES AND INDICATORS**

**Outcome 1:** 80% of group home residents will improve their school attendance.

**Indicator:** Number and percent of youth who demonstrate the defined improvement in school attendance.

**Outcome 2:** 80% of group home residents will raise their grade point average (GPA) from previous semesters.

**Indicator:** Number and percent of youth who demonstrate an improvement in their GPA.

**Outcome 3:** 75% of residents age 16 and older will complete an independent living program prior to successful discharge from Group Care.

**Indicator:** Number and percent of residents who complete an independent living program prior to successful discharge from Group Care.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and is paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

**PROGRAM PURPOSE**

**The Level 2 In-Home Monitoring Program is a pre-dispositional monitoring program that is designed to serve both male and female youth. The program will primarily serve youth pending court for alleged delinquency.**

As requested by the Division, other youth involved in Children's Court Center matters may be placed at the discretion of the Division. The program provides intensive in-home services to youth and their families in an effort to support parental home supervision, to avoid additional offenses and to appear for their court hearings. Youth are court ordered into this program and remain until the time of disposition or discontinuation of services is deemed appropriate by the court. The program is based on the belief that juveniles who remain connected with their families, schools, peers, employers, and with other community resources, have an increased opportunity to avoid further contact with the juvenile justice system. This is accomplished through structured supervision, program support and counseling, advocacy and the availability of 24-hour crisis intervention.

The program is designed to serve a minimum of 100 youth at any one time. Historically, the program has been divided between two vendors serving our North and South Side youth and families. Funding awards are allocated based upon the percentage of slots designated to each service area. Subject to change, based on service area needs, the current allocations are North side 42% and South side 58%.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND REQUIRED OUTPUTS****Service Delivery Model**

The service delivery system should include the number and type of staff used to provide program services. The design should also include a daily/weekly schedule to show that all program components are addressed and include parent participation.

**Needs and Problems**

Provide a detailed description of how your program will address the special needs of this target population. This should include direct service activities that at a minimum must include the required components (listed in the Specific Activities section). Youth generally identified as appropriate for this program are those who have not committed a serious offense such as sexual assault, homicide or drug dealing and are not considered a significant runaway risk.

A brief description of minimum required components is described below. The scope of services is not limited to these specific descriptions.

### **Supervision/Tracking**

The supervision component of the program provides the foundation from which all other services are delivered. Two contacts per day are expected and are to be face-to-face unless otherwise described or approved.

- The provider must perform at least one school contact per day (employment contact if not attending school) on weekdays and a home contact during the day on weekends.
- The provider must know the whereabouts of youth at all times making necessary the development of a reporting/call-in plan to ensure the adequate tracking of youth under supervision.

### **Counseling**

Counseling services, including individual, group and family counseling, or the combination thereof, should be based on the youth's needs. Counseling services should be a minimum of five (5) hours per week.

- Individual counseling should be available to all youth. It may be in the form of structured counseling sessions or integrated into any of the other program components. Counseling can include anger management, communication skills, appropriate decision-making and self-esteem.
- Family counseling should be available to all families. The need for family counseling can be addressed in several ways, including scheduled private family sessions with the Clinician, referral to a community resource, or spontaneous sessions with the Caseworker as the result of a particular problem or issue.
- Group counseling should be available to all youth. Youth should participate in a minimum of two (2), one-hour group counseling sessions per week. The Clinician and Caseworkers must facilitate the groups. Group sessions should deal with a variety of issues such as anger management, adolescent sexuality, problem solving, appropriate decision-making and self-esteem. The primary goal of group counseling should be to develop positive behavioral changes.

### **Crisis Intervention**

Crisis intervention services must be provided 24 hours a day on a daily basis. Clinicians or Caseworkers may provide the crisis intervention services, with oversight and guidance provided by the Clinician. The agency under contract should maintain a relationship with local law enforcement and the Mobile Urgent Treatment Team to properly respond to any crisis that creates a risk of harm or safety.

### **Family Dynamics**

The entire family should have some involvement with the program in order to make the youth's experience more successful. The goal is to help families meet their own needs by improving interpersonal relationships and the parenting skills of the parents.

### **Educational Services**

For youth enrolled in an educational program, the Caseworker will be responsible for meeting with the appropriate school representatives in order to build a positive working relationship and to better serve the academic needs of the youth. The Caseworker must visit the assigned school daily as part of the required face-to-face contact. If the youth is not enrolled in school when placed in the program, the agency under contract must work closely with the school system to transition the youth back into an educational program.

The agency under contract should also provide one-on-one tutoring services to youth who require these services.

### **Pre-Vocational Services**

Pre-vocational services should be available for youth who would benefit from them. Life skills and job readiness training should be offered to increase participants' chances of finding employment.

### **Recreational Programming**

All youth in the program should be required to participate in structured therapeutic recreational activity at least once per week. Youth should be exposed to various activities to learn alternative ways to spend their free time and promote engagement with the program.

### **Transportation**

The agency under contract must provide transportation for youth to and from counseling sessions, court, educational and medical appointments and recreational activities.

### **Staffing Pattern**

The Caseworker staff shall meet the criteria required by Milwaukee County DHHS for Human Service Worker and the Clinician must be licensed by the State of Wisconsin. A written description of the agency's initial orientation plan and ongoing staff development activities should be included with the application.

## **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Documentation requirements will be determined by Milwaukee County.

The provider shall maintain an accurate daily census of all active youth and discharges as requested by Division staff.

A progress report on each youth placed in the program must be submitted to the Children's Court Center on a weekly basis. In addition, a detailed report to the court must be completed for each youth and submitted in advance of the scheduled court hearing. The formats for progress reports and for reports to the court will be determined by Milwaukee County.

The agency will maintain individual case files. An initial case plan/contract will be developed with the participation of the youth and their family.

### **EXPECTED OUTCOMES AND INDICATORS**

The goal of the Level 2-In-Home Monitoring Program is to maintain youth within their parental or relative home, ensure court appearances, and reduce the likelihood of re-offense.

#### **Outcome 1: Program Completion**

**Indicator:** Number and percent of youth that complete the program.

**Indicator:** Number and percent of youth that participate in at least 5 hours of counseling per week.

**Indicator:** Number and percent of youth that actively engage in recreational activities.

#### **Outcome 2: Compliance with Court Conditions**

**Indicator:** Number and percent of active youth that attend scheduled court hearings.

**Indicator:** Number and percent of youth discharged as a result of the issuance of a warrant.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

**PROGRAM PURPOSE**

The Serious Chronic Offender Program is designed to provide neighborhood-based mentoring and advocacy services to 45 youth who have been adjudicated delinquent and who are on stayed orders of commitment. The program employs an advocate or advocate team to work with each youth. The program will provide substantial intervention in the youth's life, will occupy a substantial amount of otherwise unsupervised time, and will provide enough supervision to protect the community.

The Serious Chronic Offender Program reflects a belief that even the most troubled youth have compensating strengths and capabilities that can be developed and enhanced through supervision, structure, and support. A major program objective is to help youth and their families develop their ability to function without routine contact with law enforcement and to live a positive life within their home and community.

The program is a collaboration that includes the courts, probation staff, and other community-based organizations. It is essential that all components work together to ensure that youth remain in compliance with the program. Communication between involved agencies is essential to ensure the program's effectiveness.

This contract will be awarded to a single vendor.

**Target Population**

The youth are adjudicated delinquent and ordered to community supervision including probation supervision. The majority of the youth, either by the severity of their behavior or the reoccurrence of behavior, have been determined to be a high enough risk to warrant placement within a correctional facility. Based upon previous experience, approximately 95% of the youth served will be male minorities.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS****Service Delivery Model**

Discuss the service delivery model to be used in serving 45 youth that have been identified by the courts as potentially requiring removal from the community for placement in corrections. Please address the following:

- How will your program complete the intake process and complete the initial assessment and service plan document?
- What is the role of the advocate or mentor with the family and other community agencies and resources?
- How will the agency address any supplementary service needs?
- How will client employment training and employment searches be conducted?



- How will inherent transportation issues be managed or coordinated?
- What experience does your agency have with background checks and the recruitment and employment of mentors? How have problems been resolved?
- How is staff training to be provided by your agency? What topics and certifications will be included in your employee in-service training program?
- What other components will be included in your program design (e.g. Group Counseling, Case Staffing, Crisis Intervention, etc.)?
- How will the program utilize the supplemental funds identified in “specific program activities” below? Applicants must provide a separate budget itemizing their anticipated expenses.

### **Needs and Problems**

Identify and discuss the issues surrounding youth that are identified in this target population and in need of close supervision. How will your program’s design address these issues to avoid the need for a more restrictive placement?

### **Agency Experience**

Discuss your agency's experience in providing mentoring services and in providing the described services to the target population. Include any documentation that demonstrates the effectiveness of the delivery model.

### **Service Related**

**An individual assessment and service plan document is to be developed on each youth and family.**

Service plan reviews should occur at minimum of every 90 days by the Program Supervisor at a scheduled in-home or office conference with appropriate agency staff in attendance.

Youth referred to the program will receive an average of 13 hours of face-to-face contact weekly that includes group services provided to the youth as part of the program.

A minimum of one face-to-face contact with the youth or family should occur daily.

Advocates and mentors will be responsible for the following activities:

- Enrolling the youth in school and monitoring school attendance and progress.
- Involving the youth in positive activities that will assist in keeping the youth out of trouble.
- Engaging the youth and family in program activities and providing the required hours of face-to-face contact.
- Assisting the youth with the development of job-seeking skills and in obtaining employment.
- Providing supportive services to the parents.
- Attending all court hearings involving the youth.

- Providing 24 hour, seven days per week crisis intervention, either by pager or telephone.

In addition to the core program activities described above, the program has available separate funds in the amount of \$60,000 that may be used to provide supplemental services or personnel that directly support the youth and their families in their successful completion of the program. These services include, but are not limited to:

- Family Assistance Funds to stabilize basic needs.
- Parenting Assistance to develop parenting skills and knowledge.
- Job Preparation and Employment skills building.
- Child Care to support engagement in therapeutic services and/or activities.

### **Agreement With Other Community Agencies**

If this program is to be operated in collaboration with another agency, please supply complete information about the agency and how they will be involved in the delivery of services. Please include signed letters of agreement.

### **Staffing Pattern**

The Program Supervisor must have a Bachelor's Degree in Social Work, Criminal Justice, or related field (a waiver may be requested). The ideal candidate will have at least 2 years of experience working with delinquent youth.

The Program Supervisor will be responsible for the operation of the program and provide coordination with the Children's Court Liaison assigned to the program.

Youth advocates and mentors should be experienced in the delivery of social services to youth and families. Individual advocates and mentors may reflect various specialized skills. Advocates and mentors are required to have a high school degree or equivalent and have additional training or certification in youth care or social work.

At least one of the advocates must reside in the youth's zip code or neighborhood.

### **Admission and Discharge Procedures:**

Milwaukee County staff determines program referrals and discharges. Referrals will originate with the assigned Probation Officer or Intake Specialist (subject to an appropriate court order). A copy of the court report, along with the dispositional order or docket sheet, will be provided to the contract agency.

The program staff is to contact the youth and family within two business days of a referral. The program is expected to actively attempt to complete the intake through both face-to-face and telephone contacts.

Youth who do not comply with the program or conditions of probation established by the court may be returned to court. Probation staff may file a petition that requests a revision of the order, sanctions, or a lift of the stayed order for correctional placement.

Program staff will provide written documentation and maintain ongoing communications with probation staff.

## **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

The Division will determine documentation and data collection requirements.

Individual case files must include:

- Service Authorization and referral forms.
- Initial client and family intake forms.
- Initial client and family assessments and service plans.
- Counseling notes or contact sheets to include the date of contact, the name of person contacted, services provided, and the type of the contact (e.g. face-to-face, phone, collateral, etc.).
- Consent forms.
- Incident reports.

Please include copies of proposed forms and document formats with your application.

## **EXPECTED OUTCOMES AND INDICATORS**

The Serious Chronic Offender Program services are expected to be an intensive alternative to a correctional placement by holding youth accountable and minimizing a youth's risk for re-offense. These services are a targeted enhancement to regular probation services.

### **Outcome 1: Program Completion**

**Indicator:** Number and percent of youth that complete the program.

**Indicator:** Number and percent of youth that complete service plans goals.

### **Outcome 2: Improved school attendance and performance.**

**Indicator:** Number and percent of youth that demonstrate an improvement in school attendance.

**Indicator:** Number and percent of youth that demonstrate an improvement in school performance.

### **Outcome 3: Improved youth behavior, attitudes, and understanding of offense dynamics.**

**Indicator:** Number and percent of youth that demonstrate improved accountability.

**Indicator:** Number and percent of youth that can demonstrate recognition of high-risk behaviors.

**Indicator:** Number and percent of youth that demonstrate improved decision-making.

**Outcome 4:** Improved family functioning and understanding of offense dynamics.

**Indicator:** Number and percent of families that can recognize high-risk behaviors of their youth.

**Outcome 5:** Compliance with Court Conditions

**Indicator:** Number and percent of active youth that do not re-offend while in the program.

**Indicator:** Number and percent of active youth that do not have a request to lift a stay of corrections filed.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

**PROGRAM PURPOSE**

The Adolescent Sex Offender Treatment Program (ASOTP) serves the needs of adolescent children whose treatment needs can be met in a structured, community-based setting. Proposals will be assessed, in part, on the agency's ability to determine the child's appropriate sub-group as an offender. In addition, the program should be able to provide, on a case-specific basis, various treatment modalities and service options.

Children who are referred to this program reside throughout Milwaukee County. Therefore preference will be given to agencies that offer multiple service sites or who are able to collaborate with other agencies to provide neighborhood-based services. In addition, preference will be given to agencies that utilize 3rd party payees including private insurance, T-19, or grant money to expand services or to offset Milwaukee County's allocation.

This contract will be awarded to a single vendor.

**Target Population**

Discuss the program's target population within the context of the ages, severity of the offenses, and various family histories and dynamics. Discuss strategies for overcoming the inherent difficulties in engaging individual children and families in the treatment process.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS****Service Delivery Model**

Discuss the service delivery model to be used in serving 80 adolescent sex offenders. If the model uses a phase system, define who will be responsible for services during each phase and the amount of direct service time afforded each youth. Include a discussion of the curriculum to be used and include any appropriate supporting documents. The program design should also address its ability to deal with age differences and the different types of sexual assault.

**Needs and Problems**

Describe the difficulties inherent in treating juvenile sex offenders and discuss your agency's philosophy towards treatment. Include an outline of the proposed treatment modalities (e.g. In-Patient, Group, Individual, and Family treatment) and describe the specific therapeutic models being proposed and to be used for the majority of youth.

Agencies under consideration should demonstrate their understanding of the community's need for safety.

### **Agency Experience**

Discuss the agency's experience in providing services to the target population and in treating emergent or established disorders. Include data or reports that demonstrate the effectiveness of the delivery model.

### **Service Related**

1. Assessment of the child and family to identify the child's sub-group as an offender.
2. Group, Individual, and Family therapy as determined to meet the treatment needs of the specific child and family.

**Note:** Please list and discuss the group counseling activities included in your treatment model.

3. Relapse Prevention programming and implementation of an individualized Safety Plan that is specific to the needs of each child. Safety Plans involve the family, are regularly reviewed and updated, and are written. An initial Safety Plan will be completed within 30 days of intake into the program. A final Safety Plan will be in place upon discharge from the program.
4. Bilingual capability to work with Spanish speaking families.
5. Home visits when necessary to engage the family in treatment services.
6. Access to community-based mentoring programs where available.
7. Transportation planning (may include public transportation).
8. Bi-monthly staffing of currently active cases.
9. Ongoing consultation and communication with Probation Officers and/or Care Coordinators.

### **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

**Individual case files must include:**

- Initial family and child assessments
- Individualized treatment plans
- Operationalized treatment goals

- Client staffing reports and treatment plan updates
- Counseling notes and contact sheets that include date of contact, name of person contacted, type (face to face, phone, collateral, etc.)
- Written Safety Plan including final plan
- Court and referral documents
- Incident reports

## **EXPECTED OUTCOMES AND INDICATORS**

ASOTP services are expected to provide a structured intervention to reduce a youth's risk of re-offense by addressing factors identified and potentially contributing to the youth's presenting behavior.

**Outcome 1:** Program Completion

**Indicator:** Number and percent of youth that complete the program.

**Indicator:** Number and percent of youth that have an initial safety plan in place.

**Indicator:** Number and percent of youth that have a final safety plan in place at the time of discharge.

**Outcome 2:** Improved youth behavior and reduction of risk.

**Indicator:** Number and percent of youth that demonstrate responsibility for their behavior.

**Indicator:** Number and percent of youth that demonstrate empathy for their victims.

**Outcome 3:** Improved family understanding of offense dynamics and ability to manage youth behavior.

**Indicator:** Number and percent of families that can recognize high-risk behaviors of their youth.

**Indicator:** Number and percent of families that engage in and understand their youth's relapse prevention plan.

## **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to DHHS policy.

**PROGRAM PURPOSE**

**Shelter care is a short-term (typically 30 days) non-secure, supervised residential program as defined and regulated under HFS 59. The program will primarily serve youth pending court for alleged delinquency. As requested by the Division, other youth involved in Children's Court Center matters may be placed at the discretion of the Division.**

In addition to the above-described services, providers must be able to demonstrate the ability and willingness to enter into the following collaborative agreements.

- Providers must lease facility space located at 9501 West Watertown Plank Road, Buildings D and E, which is part of the Milwaukee County Behavioral Health Division (BHD) complex, formerly known as CATC. This facility is currently licensed for 64 shelter care beds.
- Providers must be willing to work with the Wauwatosa School District that provides on-grounds educational programming for youth temporarily housed on county grounds.

This contract will be awarded to a single vendor.

**REQUIRED PROGRAM INPUTS, PROCESSES, PROGRAM ACTIVITIES, AND EXPECTED OUTPUTS****Shelter Care for 44 Males and 20 Females**

The provider must be able to provide 24-hour supervised care.

Each unit is capable of housing up to 24 youth. Lease costs, available from Milwaukee County DHHS, include utilities, grounds maintenance, major equipment and building repair costs, overhead and depreciation costs (building, equipment and furniture amortization cost), use of the gym and employee parking. The cost of meals and laundry are not included. The vendor will also be responsible for coordinating the use of common-use areas with the BHD-CATC Administrator.

The provider proposing to provide temporary shelter as described above must demonstrate the ability to have a license to provide shelter from the State Department of Health & Social Services.

**Education**

An on-site school program will be provided by the Wauwatosa School System on the CATC premises. The provider will be responsible for supervision of the youth during the noon lunch hour and other periods when school is not in session. Provider staff must also provide crisis intervention assistance when requested, handle acute disruptive



problems, participate in school conferences, attend school orientation, and be available to school authorities when requested.

### **Placement Criteria**

Youth can only be placed in the program if they are referred and approved for placement by the Division and if one of the following criteria is met:

1. There is a court order for custody under s. 938.19(1)(c) or s. 938.21(4)(b) Wis. Statutes,
2. An intake worker placement decision is made pursuant to s. 938.205 Wis. Statutes,
3. There is an emergency change of placement under s. 938.357(2) Wis. Stats., subject to further court action for placement elsewhere,
4. There is an emergency change of placement under s. 48.357(2) Wis. Stats., subject to further court action for placement elsewhere,
5. A signed voluntary placement agreement.

### **Program Operations**

- The provider must accept youth for placement 24 hours a day, seven days a week.
- The provider must have the ability to be on-call and available to transport youth to and from the Detention Center/Court Center at all times and to a medical provider as necessary.
- The provider must fully comply with all current provisions and revisions of "The Temporary Shelter Care Policy and Procedures" published by Milwaukee County DHHS that is available from Division staff.
- The provider must have staff members awake and alert throughout the night.
- The provider shall have responsibility to directly notify the Bureau of Milwaukee Child Welfare if any abuse is suspected either within the Shelter, or upon return of a youth from the outside and shall be responsible for reporting missing/runaway youth to appropriate law enforcement.
- The provider shall maintain an accurate daily census of all active youth and discharges as requested by Division staff.
- The provider must report on a monthly basis any changes in staff providing direct care.

### **Staffing Pattern**

Direct service staff must possess a high school diploma and have three years experience working with juveniles. Four years experience with programs serving juveniles may be substituted for a high school degree. The provider must be able to document staff experience at the request of the Division. The application should include a written description of the provider's orientation plan for new staff and ongoing staff development programs.

### **REQUIRED DOCUMENTATION**

**The annual Program Evaluation Report must be submitted to include the format and content specified in the Purchase of Service Guidelines Technical Requirements.**

Documentation requirements will be determined by Milwaukee County and will include any requirements of the State of Wisconsin's regulatory guidelines.

### **EXPECTED OUTCOMES AND INDICATORS**

**Shelter care services are expected to provide a safe, monitored environment for youth awaiting court hearings, placement in foster care, group care, residential treatment care, or pending return home.**

**Outcome 1:** Program Completion

**Indicator:** Number and percent of youth that complete the program.

**Indicator:** Number and percent of critical incidents filed (Number of critical incidents / Total days of care).

**Outcome 2:** Compliance with Court Conditions

**Indicator:** Number and percent of active youth that attend scheduled court hearings.

**Indicator:** Number and percent of youth discharged as a result of AWOL.

### **REIMBURSEMENT**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

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## **Disability Services Division**

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### **VISION, MISSION & GUIDING PRINCIPLES**

#### **Vision for the Milwaukee County Disabilities Services Division**

All persons with disabilities and their support networks will have maximum individual choice and access to resources leading to full participation in all aspects of community life.

#### **Mission of the Milwaukee County Disabilities Services Division**

Our mission is to enhance the quality of life for all individuals with physical, sensory and developmental disabilities and their support networks living in Milwaukee County by addressing their needs and providing individualized opportunities for persons to participate in the community with dignity and respect, while acknowledging their cultural differences and values.

#### **Guiding Principles**

Independence: Everyone has a right to do what they want and need to do to function in society.

Achievement of the highest level of independence

Continuum: Need to provide a continuum of services

Real Choice: Self Determination

Nurturing Relationships/Friendships

Strengths Based vs. Needs Based

Respectful and Fully Accessible

Equality and Rights for All

Participation in the Mainstream

High Quality staff, providers, services, options

Maximum flexibility

Individualized, Person-Centered, Culturally Competent

Collaboration and Partnership

Values cultural and ethnic diversity

Emphasizes Home and Community Based programs and services

People have the ability to live where they want to live, and have opportunities to work and recreate

Total acceptance in the community, no stigma

Involvement of consumers in the planning process

Comprehensive grievance system, systemic method to resolve issues

Continuing grievance system, systemic method to resolve issues

Continuing community education and advocacy

All stakeholders as advocates

Allocation of sufficient resources

Successful outcomes for each individual

The premise of this approach rests on flexible supports for individuals with disabilities changing through life stages, starting at birth through childhood, adult living and senior years. Services and supports at these critical stages require unique consideration, assessment, planning and intervention to offer appropriate supports to the individuals and families. Providing flexible supports and allowing for changes through life's stages promotes a continued presence in the community, encourages higher achievement levels and successful outcomes for each individual served.

Developmental Disabilities staff expects all providers of services to be familiar with, and aware of, the following in regards to service delivery:

**Selected Providers:**

- must be familiar with developmental disabilities condition and have a basic understanding of the cognitive issues and current service philosophy;
- should be knowledgeable in the person-centered and/or person-directed service planning model;
- must strive for cultural and social competencies, i.e., ethnic, religious or gender factors;
- should be open and seek to address stated preferences of consumer/guardian family;
- should have knowledge of the inclusion philosophy;
- should have knowledge of program design and service implementation in natural environments;
- must be interested in and willing to support or provide reasonable flexibility in service to meet the different consumer needs of the population;
- must be interested in seeking utilization of generic resources for community awareness and participation on behalf of the consumer;
- must be able to plan, coordinate and/or provide transportation services to meet transportation needs (to include the use of family, friends, public transportation, specialized service, or leasing of a vehicle;)
- must be able to plan and collaborate services with other providers and exhibit a cooperative spirit.
- All providers must communicate with designated county staff and other providers within confidentiality laws about any incidents or situations regarded as Critical Incidents as defined in the Medicaid Waivers Manual, Chapter IX.

## **PROGRAM DESCRIPTIONS**

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### **PROPOSAL SUBMISSION REQUIREMENTS (Applies to all DSD programs up for competitive bid):**

#### **Service/Treatment Process**

**For each program for which you are submitting a competitive proposal:**

- (1) List and define each program's activities, purpose of the activity, and the usual size, structure, and schedule of activities or groups.**
- (2) Describe the sequence of program activities, including counseling and/or treatment, if applicable. Indicate the phases of service/treatment, the length of time in each phase, and the criteria used to determine movement from one phase to another.
- (3) Describe how and when individualized client treatment plans, goals, and objectives are developed, monitored, and reviewed. Identify by position categories, staff that is involved in this process.

Describe formal relationships and informal arrangements used to leverage resources with other community agencies or programs providing services to the target population. Describe the qualifications of agencies and other professionals. Include copies of letters of agreements, as applicable.

If applying as an incumbent, summarize the process and results of the previous year's evaluation report submitted to DSD. Include any changes made in the program as a result of the evaluation.

## **ADVOCACY**

### **ADVOCACY/CONSUMER EDUCATION**

**DSD005**

Services are designed to assist individuals and their families speak for their interest and needs, and to promote community sensitivity and responsiveness to disability issues. Self-advocacy, parental, guardian and/or significant other advocacy should promote opportunities to share experiences, learn client/disability rights information, and work on self-expression of disability issues. These areas focus on obtaining or maintaining access to community resources to enhance community living, acquire specialized services, in addition to addressing service needs and gaps. Advocacy effort is also intended to be a support network to, and for, adults with disabilities and their families aiding with system change initiatives.

Service emphasis should reflect a shift to self-advocacy. Program designs must include elements of training and support to persons with disabilities in person directed and centered planning, fundamentals of self-determination, social/peer relationship building, and self and system advocacy. Parental and family linkages are anticipated to continue through support groups, or through focus group discussions.

Secondly, of equal importance is consumer education. This area seeks to provide training to participants in adult services, waitlisted and/or transitioning from school services on information regarding understanding adult service systems, identification of how to share their respective interest, needs, abilities and challenges in order to express and participate in supports/services on their behalf. Furthermore, the agency is expected to provide or coordinate training forums on self-determination and person directed supports, community education, core service areas, and personal safety, with the goal of enabling the consumer to engage in a self-directed support model.

### **Advocacy Service Requirements:**

#### **Advocacy**

The agency will provide or coordinate self-advocacy training for individuals with developmental disabilities, coordinate parental, guardian and significant other advocacy training on behalf of consumers with DD.

Two (2) times per year the agency will provide or coordinate system advocacy training for consumers and significant others.

Two (2) times per year the agency will facilitate person-directed education and training to self-advocates, and their families, agency staff providing services to persons with disabilities.

Two (2) times per year the advocacy agency (ies) will participate in a DD system discussion session with DSD staff to review consumer issues, discuss service outcomes/satisfaction, unmet and under-served consumer needs.

Two (2) times yearly the agency will produce a summary report on activities implemented over the year.

### **Consumer Education**

The agency will provide training with emphasis on self-expression, choice, person-centered services and elements of self-determination.

The agency will issue a participant survey to measure the progression of person directed approach to services.

Two (2) times per year the advocacy agency (ies) will participate in a DD system discussion session with DSD staff to review the progress of consumer education sessions, discuss service outcomes, and unmet consumer needs.

Two (2) times yearly the agency will produce a summary report on activities implemented over the year.

## **WORK AND DAY SERVICES**

This program area includes employment, and center based work and day service programming for adults and children. Programs available to developmentally disabled adults include work and day services facility-based, and employment in the community, or integrated community day programming. The day center service programs are available for adults and children (age 0-2 years) with developmental disabilities or delays.

In the adult service system, there are four guiding principles shaping the work and day service delivery system. These principles are:

### **Guiding Principles**

- Structured work and/or day services are essential components of an adult's daily living experiences.
- Work and/or day service activities generally and preferably occur in designated settings different from the home environment.
- Participation in work and/or day services presents opportunities to learn new tasks, acquire new information, earn income, establish friendships, and learn new routines germane to the environment and expectations of that setting.
- Work and/or day service activities should offer integration, inter-personal and social interactions and have specified performance expectations.

**Note: Principles for Children's Services are in the early intervention B-3 section.**

## **WORK PROGRAMS**

**DSD006**

Adult work service programs provide opportunities for paid work to consumers with a wide range of DD conditions and support needs. This range includes individuals with minimal, moderate and severe cognitive challenges, in addition to consumers with very specialized needs, i.e., challenging behaviors, medically fragile or limited mobility. Critical for participation in this area is the consumer's interest in the program, their ability to learn and attend to tasks, behavioral concerns and personal attitude towards work.

Work service programming offers a variety of paid work projects from various community businesses that present commensurate wages to participants. Variations in work group sizes and work environments are utilized to offer flexibility and change in work format. Several work locations exist to address the needs of consumers throughout the county.



A component of work programs is a focus on work related behaviors. These activities include assisting the program participant in understanding the meaning, value and demands of a work environment, in addition to modifying or developing positive work attitudes and appropriate work behaviors. Emphasis is on developing work skills and increasing the person's productivity to maximize earnings ~~to~~ and become more independent.

All programs provide:

- training in performing work tasks;
- training in work or appropriate social behaviors;
- Monitoring of participant's progress; and,
- an informational resource for the participant, families and/or significant others.

Funding emphasis will be placed on purchasing services that offer supports to consumers with significant support needs - physical, emotional or social domain, and services with an integrated community based focus- day activity and work.

### **Agency Administrative Requirements**

Review of individual referrals for applicant's appropriateness for services should be completed within 30 days of receipt of referral. Written disposition should be submitted to Disabilities Services.

Notify Disabilities Services verbally and in writing of significant problems and submit a discharge/termination summary to the Contract Administrator.

The agency must issue a Consumer Satisfaction Survey and provide a written summary of the results to the Contract Administrator.

Agency must identify and submit three (3) personal stories identifying the service outcome and client benefits.

### **Work Program Requirements**

1. Develop an Individual Service Plan (ISP) with each program participant based on an assessment, which addresses his/her needs including program/treatment goals, specifies client and program responsibilities, methods to be used to reach treatment goals, and time frames for completion.
2. Provide appropriate services and ongoing monitoring of progress toward attaining SP goals, institute changes as needed, and provide discharge planning, if warranted.
3. Assess program participant's potential for community employment at least semiannually. Placement or referral for employment shall be made when indicated. The ISP must include a statement regarding whether or not community employment is a goal and, if so, a projected time to reach the goal must be included.

4. Review the participant's progress at least every six months and maintain written documentation of participant's progress in the case file.

Provide transportation or coordinate transportation for persons unable to use public transportation. Individuals able to utilize public transportation are responsible for their own transportation. This includes individuals who have the capacity to benefit from mobility training. All new enrollees must receive a mobility screening, if not already using public transportation.

6. Occupational skill training programs shall have written curricula, be time limited, and deemed appropriate to each individual participant.
7. Refer participants to needed community services as appropriate and encourage and support the individual's integration into community life through, self-help, advocacy and recreational opportunities.
8. Provide case management and counseling for individuals as needed. Refer to psychological, alcohol and drug abuse, or other specialized counseling as appropriate to assist with interpersonal and community living problems.
9. Provide or facilitate training/ in-service on the elements of self determination to participants.
10. Provide information on specialized and integrative recreational and/or educational activities to facilitate participant's involvement in the community.

### **Expected Outcomes**

Developmental Disabilities expect the following outcomes:

- Clients maintain or increase general (not job specific) work skills as identified in client's service plan.
- Clients maintain or increase work appropriate social interaction as identified in client's service plan or agency work standard.
- Clients maintain or increase productivity.
- Clients meet the standards for participation in Supported Employment.

### **Key supporting indicators for these outcomes include:**

1. Number of consumers referred or targeted for Employment Programs;
2. Number of consumers placed on the Wait List for Employment;

3. Hours worked vs. program time;
4. Total wages paid to consumers/year;
5. Number of consumers maintained in jobs from the previous year;
6. Number of participants who participated in integrated community work during the calendar year.

The agency must prepare and submit a report indicating various client outcomes acquired as a result of their participation in this service (e.g. increase wages, acquire new job skill, individuals' goal achieved.)

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## **ADULT DAY SERVICES**

**DSD007**

Adult facility-based day services offer individuals with developmental disabilities the opportunities to develop, maintain and/or maximize an individual's independent skill level in areas of self care, physical and emotional growth, mobility, community education, community transportation, socialization, recreation and leisure, functional education and prevocational skills. Services can be facility-based or integrative community based. The guiding principles that apply to Adult Day Services are;

1. Structured day services provide critical life skills. Through orientation, training and integration individuals are afforded the opportunity to enhance their quality of life and independent skills.
2. Day services generally and preferably occurs in settings other than the home environment to facilitate social development and learn new skills. Services occur in programs designed for training with professional personnel.
3. Day service programming offers persons not interested in work a social, learning environment thus, facilitates choice and variety in experiences.
4. Day service programming offers a supervised, safe, and accepting environment in which challenges of all types can be explored and addressed to offer optimum support. This type of programming/ service heightens attention to the task or skill to be developed, rather than the usual characteristic or challenge.

### **Emphasis in this service area is on:**

- presenting experiences that offer a variety of opportunities to interact with others in various settings and activities;

- participating in tasks or activities that can be transferred or used in daily community living;
- providing experiences to teach effective utilization and participation in integrated community tasks; and
- building skills that increase self independence and advocacy for the consumer and family.

Consumers with a broad range of disabling conditions and support needs are active in this service area. Several of the programs serve consumers with significant functional adaptive needs, physical disabilities, and/or have challenging social or emotional behaviors. Programs can be designed for specific sub-groups that could include special medical needs, hearing and/or visually challenged. Tasks must be age appropriate, and where feasible, site appropriate.

Important variables for programming are consumer and family service preference, the abilities of the individual, and their personal interest and needs. Consumers must be addressed with respect and supported rather than directed. Agencies facilitating this service must balance these variables with the support structure needed to allow the consumer to maximize their choice, development and benefit from the service.

Similar to work services, facility-based day services is provided in a rehabilitation center setting offering the staff and physical structure necessary to respond to the specific needs of the participants. These services vary in type and frequency of groups, group size, and location.

### **Agency Administrative Requirements**

Review of individual referrals for applicant's appropriateness for services should be completed within 30 days of receipt of referral. Written disposition should be submitted to Disabilities Services.

Notify Disabilities Services verbally and in writing of significant problems and submit a discharge/termination summary to the Contract Administrator.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to the Contract Administrator.

Agency must identify and submit three (3) personal stories identifying the service outcome and client benefits.

### **Expected Outcomes**

Developmental Disabilities expect the following outcomes:

- Clients maintain or increase independent skill level in self-care / functional skills as identified in client's service plan.
- Clients maintain or increase independent skill level in mobility as identified in client's service plan.
- Clients maintain or increase independent skill level in socialization as identified in client's service plan.
- Clients increase pre-vocational skills.
- Clients generalize acquired skills to other settings.

**Key supporting indicators for these outcomes include:**

1. Number placed into Work Services or an Employment Program;
2. Number placed on the Wait List for Work or Employment;
3. Number of individuals who participate in Integrated Community Based Activities without staff support;
4. Number of individuals who participate in Integrated Small Group Community Based Activities with staff support;
5. Percentage of contract utilization;
6. Number of participants who meet the identified goal(s) as established by the semi-annual staffing.

The agency must prepare and submit a report indicating various client outcomes acquired as a result of their participation in this service (e.g, increase wages, acquire new job skill, individuals' goal achieved).

**ADULT DAY SERVICES - Integrative Community Based**

**DSD008**

The integrative community day service model is a sub-category of the day service program area. The philosophy of this model is that consumers should be able to participate in natural, typical adult opportunities, however, due to their cognitive, physical or emotional and social needs, the consumers lack the ability, opportunity or judgment needed to participate. The service offers the consumer who desires an alternative day service model the choice to learn and experience their community at large. It enables flexibility in activity, structured program time, location and peer group.

The program framework is based on a person-centered/directed planning process. A review of the participant's abilities, interests and general personal and social needs should be completed for goal development. Family or significant input may also be included, if appropriate, to assist with planning activities that are meaningful and beneficial for the consumer. Emphasis should be placed on tasks that can be generalized or reinforced by the family or home setting.

The purpose is:

- to increase consumer choice in work and/or day options;
- to provide an understanding and education to the consumers on their community;
- to increase participation of consumers in their community enabling them to utilize typical public and private services on an independent or small group level.

Activities will include, but are not limited to the following:

- educational tasks;
- recreational and leisure tasks;
- volunteer tasks;
- self advocacy training and experiences;
- community living experiences i.e., utilizing generic resources, shopping, eating out, library use, special events etc.

Agencies planning to bid for this service must include specific information on activities or tasks related to linkages with community agencies and organizations, public facilities, and businesses etc., outlining the plan to provide community orientation and personal development activities.

Individual participants must express or demonstrate interest in this service for admission.

### **Agency Expectations**

- The provider should be experienced in the person-centered and/or person-directed service planning model.
- The provider must be interested and willing to support a flexible service style.
- The provider must be able to support maximum utilization of generic resources.

### **Agency Administrative Requirements**

Review of individual referrals for applicant's appropriateness for services should be completed within 30 days of receipt of referral. Written disposition should be submitted to Disabilities Services.

Notify Disabilities Services verbally and in writing of significant problems and submit a discharge/termination summary to the Contract Administrator.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to the Contract Administrator.

Agency must identify and submit three (3) personal stories identifying the service outcome and client benefits.

### **Service Requirements**

1. Develop a comprehensive Individual Service Plan (ISP) with each program participant based on an assessment, which addresses his/her needs, specifies client and program responsibilities, methods to be used to reach service goals, and time frames for completion.
2. Provide appropriate services and ongoing monitoring of progress toward attaining ISP goals, institute changes as needed, and provide for discharge planning. Coordinate semiannual staffing with appropriate parties to review status.
3. Maintain written documentation in case files of contacts, visits, and telephone conversations with program participants, service providers, and significant others. Maintain communication and coordination with other service providers.
4. Provide transportation or coordinate transportation for persons unable to use public transportation. Individuals able to utilize public transportation are responsible for their own transportation. This includes individuals who have the capacity to benefit from mobility training once it is provided.
5. Refer to needed community services as appropriate.
6. Provide informal counseling for individuals as needed. Refer to psychological, alcohol and drug abuse, or other counseling as appropriate.
7. Encourage and support the individual's involvement in community life, activities, self-help, and advocacy programs.
8. Utilize the Personal Planning Inventory tool or similar data to identify the participant's interest in his/her community; to record ongoing community awareness; and to document the consumers' use of community settings and services.

### **Expected Outcomes**

Developmental Disabilities expect the following outcomes:

- Clients increase awareness of community resources.
- Clients increase utilization of public and private services in their community.
- Clients generalize acquired skills to other home and community living situations.

- Clients maintain or increase independent skill level in mobility as identified in client's service plan.

**Key supporting indicators for these outcomes include:**

1. Number and type of services engaged;
2. Number of consumers placed into/served through an Integrative Community Program model;
3. Number of consumers referred for work/day alternatives or placed on the wait list; and,
4. Number of consumers referred for employment or placed on the wait list.

The agency must prepare and submit a report indicating various client outcomes acquired as a result of their participation in this service (e.g. increase wages, acquire new job skill, individuals' goal achieved.)



## **COMMUNITY LIVING SUPPORT**

### **RECREATION**

**DSD011**

Recreation programming for developmentally disabled children and adults provides integrated or specialized opportunities for social interaction, self-expression and entertainment. Programs should be designed to maintain motor skills and develop recreational interest of consumers. Consumers are offered opportunities to socialize with peers and other people who are not disabled while increasing recreational experiences. Participants receive an individualized screening and thus, participate in independent and/or group activities accordingly. Activities are selected based on personal choice or skill.

The goal of recreational resources is to introduce the consumers to a variety of activities and experiences with the intent of these experiences being transferred to general community living activities by the person with their peers, families or other significant individuals.

Recreational services also design and facilitate integrative recreation. For several consumers this service focuses on assessing and enrolling their participation in generic recreation and educational activities in the community. Services are provided on a one to one or a small group basis, and implemented based on a personal assessment.

#### **Recreation Administrative Service Requirements:**

Three (3) times per year the recreational provider and administrative entity will provide an in service to community providers on recreational activities in the Milwaukee community, leisure skill development and implementation, and facilitating integrated recreation.

Two (2) times per year the recreation agency (ies) will participate in a DD system discussion session with DSD staff to review consumer issues, discuss service outcomes, unmet and under-served consumer needs, and future service planning.

#### **Unit of Service**

The vendor will be reimbursed for expenses up to 1/12 (one-twelfth) of the annualized contract per month. The reimbursement will be for the actual expenses or 1/12 (one-twelfth) of the contract amount, whichever is lower, based upon a review of the vendor's monthly billing statement. The format of the billing statement will be determined by the Disabilities Services Division and may include program staff, occupancy costs, equipment costs and other expenses found to be appropriate. The billing statement shall be submitted on a monthly basis.

#### **Documentation**

Financial records/CPA audit.

## COMMUNITY LIVING SUPPORT

### RESPIRE CARE - ADULT

DSD012

Respite care is designed to provide for a substitute caregiver when an interval of rest or relief is needed by the primary care giver. Respite may be provided in the family's home, in a licensed foster home for children, or in a certified adult family home.

#### **Agency Requirement-Respite Care**

- 1) Semi-annually, the provider will produce a survey on un-met family/individual needs, in addition to, other service trends or needs identified.
- 2) Semi-annually, the provider will submit a report indicating service utilization and program participants' satisfaction.
- 3) Agency must identify and submit three (3) personal stories identifying service outcome and client benefit.

#### **Unit of Service**

**A unit of service is one hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants which includes face-to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffings and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in service training, vacation, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

#### **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact was with, (d) the content of the contract, and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

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**INTRODUCTION**

The Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD) is seeking proposals to develop a coordinated system of residential treatment and social service supports to aid individuals who experience co-occurring developmental disabilities and mental health conditions or chronic behavioral challenges. The goal for this Request for Proposals (RFP) is to create a Crisis Respite Home (CRH) that will provide a short-term stay to address consumer's crisis needs. The intent is to develop and utilize a community-based setting deterring the consumer from institutional care. The Crisis Respite Home will link to support services and personnel at DSD and the Milwaukee County Behavioral Health Division (BHD) to form a structure and system of professional crisis supports.

**BACKGROUND INFORMATION**

State Statue 51.42 provides the administrative policy that directs counties to plan and implement community services for adults with developmental disabilities. This legislation established DSD's responsibility to respond to the service needs of adults with developmental disabilities through a variety of habilitative, rehabilitative and preventive services. The intent of the statute is to enable adults with disabilities to live and participate in community settings geared at developing, providing and monitoring resources that address the safety, specialized supports and quality of life aspects of community living.

Consequently, the DSD's mission is to enhance the quality of life for all individuals with physical, sensory, and developmental disabilities living in Milwaukee County and their support networks by addressing their needs and providing individuals with opportunities to participate in the community with dignity and respect while acknowledging their cultural differences and values.

Through the role of supporting individuals in community services, DSD purchases a variety of services for adults. Several thousand participants are supported each year in services that promote consumer's ability to reside in natural settings, provide productive paid work, meaningful activities, and offer opportunities for social interaction with others.

Although over 200 different agencies are under contract for services, DSD continues to strive to provide appropriate, timely support to adults with developmental disabilities in behavioral crises.

**SERVICE DESIGN**

DSD and BHD's vision of the CRH is to provide services that address inappropriate, dysfunctional and high-risk behaviors presented by an individual with a disability residing in a community-residential setting where feasible.

Therefore addressing the behaviors in natural homes will provide the stability needed and offer the caregiver(s) support, respite and an opportunity to develop strategies which address behavioral difficulties. The goal of the community intervention is to return the individual to their home or primary residence.

Currently, these behaviors present barriers to the individual continuing occupancy in their home, thus an out-of-home alternative is pursued often seeking services from BHD Psychiatric Crisis Services (PCS). Offering an out-of-home short-term support arrangement, and diverting individuals from institutional care is the primary goal of this initiative. When successful, the crisis plan resulting from admission to the Crisis Respite Home will be utilized as an intervention and not a conduit to a change of residence.

The CRH is an intervention/prevention service model of delivery. By offering a community home location to de-escalate exacerbated behavioral difficulties with experienced staff and supervision, both DSD and BHD view this arrangement as the most optimum in addressing the behaviors and supporting caregivers through a difficult period. The plan for a team approach will enable professional support and consultation during and after the crisis with focus on decreasing or preventing future episodes. The consumer will return to their home and routine as quickly as possible with strategies to alter challenging behaviors. DSD and BHD staff collectively recognizes the importance of intervention, planning and monitoring after the trauma. Consequently, a component of this new initiative will be a team approach of the two Divisions working directly with the residential vendor on coping with challenging behaviors and strategy development for the home setting.

Important elements for this Crises-Respite Home service are:

- A close collaborative, professional relationship with all parties on behalf of the person and primary home site.
- Accurate data gathering on persons served and review for fine tuning the services as well as tracking program outcomes.
- Participation by the involved parties in a review of the crises and future planning with the caregiver, family or significant others.
- Periodic follow-up to assist with maintaining client stability in the home and community.

The primary objectives of the community-based CRH service are threefold:

1. Develop a home and support model that provides a community residential option paired with experience professional guidance to address crises.
2. Develop a residential component to the existing services designed to divert individuals from inpatient care and create a consultative support model.
3. Create a new service that offers short-term stay for adults as a new addition to the service network.

DSD is seeking a provider to:

- Develop and integrate a team approach with DSD and BHD's active involvement in the home service delivery model.
- Accept only referrals made through DSD.
- Provide 24-hour supervision when clients are present in the home.
- Provide flexible staff pattern (home manager) to meet at various locations to aid with follow-up monitoring and support of a resident or to assess an individual for admission. Develop staff capacity to visit the home of a participant(s) of the CRH.
- Provide hours of operation for the home/primary staff from 8 a.m. to 6 p.m., Monday through Friday.
- Install a phone system with availability to staff on weekdays 8 a.m. to 6 p.m., and weekends 8 a.m. to noon via cell phone for DSD and BHD contact.

DSD has made a commitment to continue development of its contracted services provider network in response to the increasing demand for emergency/crisis services. This commitment includes the need for on-going strategies to provide the highest quality emergency/crisis services in the least restrictive setting of the consumer's choice. In this effort to fully support individuals in community-based alternative care settings, it is necessary to provide a full continuum of care including emergency/crisis amelioration services.

The successful applicant will demonstrate the ability to develop professional Medicaid Crisis Intervention and Stabilization services provided by agency staff. Medicaid revenues billed under HFS 34 and will be maximized utilizing the existing Milwaukee County certification in collaboration with BHD Psychiatric Crisis Services to ensure that services are fully implemented. Revenues earned will offset professional staff and program costs and should be included in the applicant's proposal. Staff from BHD Crisis Mobile Team may be utilized to assist in program development and implementation. Application budgets should reflect projected revenues and costs associated with the provision of crisis and stabilization services.

## **TARGET GROUP**

Consumers to be considered for the CRH by design are developmentally disabled with secondary conditions of mental health diagnosis or current patterns of emotional instability. The conditions/characteristics typically seen are:

- Impulsive behavioral outburst patterns.
- Physical aggression.
- Self-abusive behavior.
- Property destruction.
- Threatening behavior toward others.
- Running away from home setting.
- Striking others.

- Refusal for go to appointments.
- Withdrawal from participating in the home programming socializing with others.

Individuals may reside with family, significant others or in DSD supported homes including group homes, adult family homes or apartment settings. Candidates to be served in this home may be active in the DSD Long Term Support system, transition school services (18 to 21) or wait-listed for services.

Individuals admitted to the CRH will be reviewed by DSD and BHD, screened by the residential treatment provider and receive formal authorization for admission from DSD. In addition to having a developmental disability, the candidate must meet and pass the State of Wisconsin Long-Term Care Functional Screen for DD-level of care to receive on-going support.

Service Outcomes to be achieved by the CRH:

1. Reduce the number of admissions of adults with developmental disabilities in PCS, Acute inpatient or Observation services.
2. Reduce the length of stay of adults who are inpatient at mental health/psychiatric hospitals.
3. Expand residential support service in the network of community-based resources by providing a facility offering short-term stays for stabilization.
4. Provide linkage and follow-up services for adults admitted to the home and their respective home and caregiver.

### **PROVIDER EXPERIENCE**

Agencies or independent owner/operators with intent to apply for acquiring the bid to operate the CRH must have the listed experience. Provider qualifications and experience must meet the basic criteria for DSD consideration.

A Provider must be:

- Familiar with developmental disabilities conditions and have a basic understanding of the cognitive issues and current service philosophy.
- Knowledgeable in the person-centered and/or person-directed service planning model.
- Accommodating and strive for cultural and social competencies, i.e., ethnic, religious or gender factors.

- Interested in and willing to support or provide reasonable flexibility in service to meet the different consumer needs of the population.
- Able to plan services and collaborate with other providers and exhibit a cooperative spirit.

**Specialized Background for this RFP: (provide detail in application narrative)**

- 5 years of experience with the provision of residential services.
- 5 years of experience in service provision for adults with developmental disabilities.
- 3 years of experience in service provision for adults with mental health or chronic behavioral challenges.
- 3 years of experience working with adults with disabilities in crisis intervention and stabilization.
- 3 years of experience working with families through informal and formal counseling and guidance services.

**Agency/provider applying to operate this home should:**

- Submit a letter of intent to collaborate with DSD and BHD on the service delivery model.
- Have a home that is licensed by the state and completed (or in process) and in compliance with the city occupancy regulations.
- Plan on-site staff supervision/availability 24 hours per day when the site is occupied - although it is anticipated that some clients may have day or work programming.
- Have lead staff with experience in behavioral plans and flexible scheduling attend meetings, visit other residences and participate in follow-up support plans.
- Identify and demonstrate linkage to “critical” services (clinical supports) typically needed for crisis stabilization.

**WORK PLAN**

*Agency/providers responding to this RFP need to include a Work Plan that details functions and timelines to address organization and opening of the CRH.*

***Respond to each of the listed items in the narrative.***

- Provide details of the home (type, license, etc.), to serve as the crisis respite site.
- Explain the home characteristics, the neighborhood and any assets the home has to meet the needs/interest of the specialized target group
- Describe home bed-capacity and special details or features.
- Identify the proposed staffing pattern and experience, including proposed schedule, home coverage and any other information pertinent to operating this home.



- Identify administrative personnel to assist with the home operations and responsibilities.
- Provide acknowledgement that the agency is fully aware of the disabilities, conditions and characteristics identified in *target* groups, thus demonstrate an understanding of persons to be served in this site/home.
- Identify the home adaptation and modifications that *currently exist* or may be needed to address the specialize services to be provided.
- Outline the approach/procedure the agency plans to use in collaborating with the person's permanent setting/living arrangement.
- Develop crisis intervention capacity under HFS 34 to include professional staff necessary to implement and deliver all crisis and follow-up services.

Interested parties should seek to incorporate best practices guidelines and place a high value on the following characteristics:

- Individualized review and person-centered planning.
- Smaller living arrangements result in higher likelihood for success.
- Community-based support model versus institutional care.
- Offers support to families and existing residential caregivers and providers.
- Offers flexible professional support in community or natural setting versus therapeutic support in office or hospital settings.

A cover letter should accompany each proposal, which indicates the name of the individual who should be contacted if clarification of the proposal's content is necessary and specifies the agency representative of the firm to meet with the County for a formal interview if requested.

An in-person presentation of the proposal to the County may be required. All expenses incurred by the firm for the completion of this proposal including, but not limited to, interviewing, in-person presentations and clerical expenses are to be paid by the firm.

Assertive Case Intervention Services for adults with developmental disabilities provides short and long term intervention services. Assertive Case Intervention is a component within the core group of Diversion Services. Support services are designed to address a wide range of behavioral challenges exhibited by consumers with DD and have a high range of support needs in the mental health area in order to function successfully in the community. Through a process of intervention and pro-active case involvement, this service is planned to guide consumers on a daily basis, and collaborate with other professionals through high-risk periods to reduce the loss of residential and /or day activity due to instability in social behavior. The goal is to foster manageability by the person in typical daily living experiences to reduce high-risk periods of emotional instability. Families and significant others to the client may also be assisted with education and support on an ongoing basis and especially in times of turmoil or crisis. Adults in this service are developmentally disabled who also are dual diagnosed with a major mental health diagnosis, or who have problematic mental health or behavioral patterns. These characteristics present significant barriers to their successful community living status.

Assertive Case Intervention services provide the monitoring link with community providers and the home environment through direct community intervention and support to the individual. Communication among the intervention team members and with the client is paramount.

DSD staff serves as the fixed point of referral for all identified consumers. Referrals to the provider are directed by DD staff. DD staff holds regular case review meetings with the provider to monitor progress and provide technical assistance.

Individuals and families in Diversion Services are treated with dignity and respect. Although a variety of behavioral challenges exist, staff strives to provide reasonable assurances of personal safety and guide the person through opportunities to express interests, desires, and preferences. The consumer must have choice and flexibility in the services and supports they receive. All parties, the consumer, DSD and the provider staff work as partners in shaping the delivery of services and supports.

**Assertive Case Intervention services offer four major service components;**

1. Intervention/Functional Daily Living Component
2. Health and Wellness Monitoring
3. Guidance and Counseling
4. Social Supports

**Through these service components the provider staff will:**

1. Implement a service plan designed to address the consumers needs in daily living tasks. This would include stable and safe housing, a daily activity, training program or job and free time structure. The plan should compare closely to the life values and culture of each individual. The focus is to assist the consumer to live in, learn, and cope with the community through functional tasks and social relationships.
2. Monitor health and safety in the living environment. The consumer's preferred health and personal habits should be accepted or their development guided. Interventions may be necessary to assist consumers with the maintenance of regular health care provider visits for physical health and mental/behavioral health visits, or with money management.
3. Offer an informal counseling and support service through individual contacts or in a group setting. The service should be offered according to the guidelines of the licensing and professional standards of the field. This service may be extended to family or other living environments to foster their ability to address crises. In accordance with the consumer's needs and wishes, referrals may be made to outside providers. Coverage from benefits should be taken into consideration.
4. Utilize a system of social supports to guide opportunities for meaningful and trusting relationships that is core to the measure of a functional life. Additionally, the provider will offer service that will feature a consumer run set of services. The provider functions as the facilitator of space, equipment, the structure of services and the variety of programs. This should include activities facilitating personal growth and opportunities that permit attendance at events and public resources.

**Agency Requirements - Assertive Case Intervention Services**

1. Assess and submit an initial plan within ten working days on all referrals. The final plan must be submitted within 30 days and include objectives. In this process each consumer should be given respect, their dignity a priority and their opinion included in the planning. The elements of self-determination must be implemented. This would include helping the person choose their own goals, choose what kind of help is needed to achieve them, and how to get that help.
2. Produce written reports every month and submit to DSD. The report should include a statement of progress and challenges toward the goals and any recommendations for changes in the service plan.
3. Attend regular meetings with DSD DD staff for the purpose of joint case review and to provide a time for administrative review and case processing.
4. Agency must identify and submit three (3) personal stories identifying service outcome and client benefit.

5. A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to the Contract Supervisor.

### **Expected Outcomes**

Developmental Disabilities expect the following outcomes:

Decrease in the number of repeat inpatient psychiatric admissions of 3 or more days per calendar year. **Indicator:** Number of inpatient psychiatric admissions of 3 or more days during the year preceding the program evaluation.

Increase attendance of adults who are in structured day services or work options. **Indicator:** Number and percent of adults who are in structured day services or work options at the time of the program evaluation.

Decrease the number of adults with DD in crisis hospitalization during contract year. **Indicator:** Number of adults with DD who required crisis hospitalization during the year preceding the program evaluation.

### **Key supporting process and output measures include:**

Number of repeat inpatient psychiatric admissions of 1 or 2 days for medication adjustment per calendar quarter for the consumers served that quarter.

Number of consumers receiving diversion services who participated in consumer run services.

Number of people maintained in or those assisted to move into stable housing.

Number of people participating in the development and implementation of their service plans.

Number of people referred and participating in a new service program.

Number of Families, Guardians and/or Significant others receiving education and support.

The agency must prepare a report on client outcomes acquired as a result of their participation in this service.

### **Unit of Service**

A unit of service is one-quarter hour of direct service time.

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time,

telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, vacation, etc.

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

### **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact is with, (d) the content of the contact, (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

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## COMMUNITY RESIDENTIAL PROGRAMS-CLS

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Community living supports is a broad term that represents an array of supports or services to individuals with disabilities who are in the community. Participants or applicants reside independently, with family or significant others and need supports or intervention to enable their success, full participation or advance in skills for adult living.

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### SUPPORTIVE LIVING OPTIONS

DSD015

The Supportive Living Options Program provides individually tailored training, support and supervision to individual adults to promote, maintain, and maximize independence in community living. The premise of the program is that adults with disabilities can live independently or semi-independent in settings provided the appropriate support arrangements and home can be identified and acquired on behalf of the participant. Program participants are assessed for their abilities, needs, and family or significant other assistance in order to clarify the appropriate service components needed in the supportive living service structure. The goal of the program is to enable the participant to experience a safe, supported, and positive living experience while enhancing their understanding, access and utilization of community. Participants receive guidance with interpersonal relationships and supervision from various agency staff that fosters personal growth. The program model includes four service components: Case Management, Daily Living Skills Training, Daily Living – Maintenance Service, and Supportive Home Care Services.

Agencies interested in applying for these services in this program area must be able to provide the full array of services.

**Case Management Services:** Assessing, planning, monitoring, locating and linking an individual to supports and/or services. Supports needed generally reflect health care services, social services, benefits, or fundamental supports (e.g. housing). Case manager may assist with setting appointments, providing intervention with problems, documenting supports received and aiding through informal counseling or guidance with interpersonal problems or people relationships.

**Daily Living Skills Training:** Training or teaching an individual a skill to develop greater independence. Skill training is task-oriented and time-limited with pre- and post assessment. Areas of focus typically include: personal care, grooming, dressing, food preparation, money transactions, budgeting, home upkeep, use of community resources, community-travel training safety issues.

**Daily Living Skills Maintenance:** Assisting/accompanying an individual with typical day-to-day functions that enable community living. This service typically includes functional training, general guidance and supervision of instrumental ADLs, informal intermittent, monitoring critical appointments to lessen vulnerability and increase or maintain success in community living. DL-Maintenance fosters the individual retaining their functional level and generally learning new tasks over time. It is likely that the individual in this category may always require the same level of support to maintain community living.

**Supported Home Care:** Instrumental ADL tasks performed by care workers, or care workers accompany an individual in functions related to personal care, grooming, shopping, medication set-up, mobility in the home and in community, home care and household chores, social activities, health care appointments and other daily living tasks. These tasks are actually hands-on activities performed by personal care workers.

Supported Parenting is a sub category of the supportive living program service or case monitoring service. This service provides training, counseling and intervention to adults with developmental disabilities who are also parents. The focus of this service is to offer guidance in community living and parenting. Participants are encouraged to identify their needs, routines, challenges, as well as family needs. Training and supports in personal skills and parenting skills vary. Guidance on how to support the family unit is provided on an individual and/or a group basis.

Persons receiving this service generally lack a natural support network or the extended family and friends are unable to assist at the level needed for successful family community living. Subsequently, staff seeks mentors and uses the mentoring approaches to foster learning. Staff provides practical and functional training in daily living skills, decision-making, social and community training, in addition to informal child rearing counseling, parenting skills and service coordination. The goal is to teach adult community living skills and promote stability in the family unit through guiding the parent to learn about and understand the parental role. Staff also functions as advocates for the parent on educational, medical and social service issues where the child is involved.

#### **Agency Service Requirements - Supported Living: Supported Living and Parenting Programs**

For Supported Parenting providers must produce a quarterly summary report including information on persons served, needs identified-addressed, progress made and unmet needs, and submit it to DD management staff.

Agency must submit a semi-annual update on the services provided frequency and identify the general goals of the participants and progress made.

Agency must provide training in self-advocacy on elements of self-determination.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to the Contract Supervisor.

Representation at the Supported Living Service Meetings scheduled by Disabilities Services staff is required.

Agency must identify and submit three (3) personal stories identifying service outcome and client benefit.

#### **Supportive Living Programs Service Requirements**

All agencies seeking to provide Supportive Living Programs must comply with the following requirements:



1. Develop a comprehensive Living Plan (LP) with each SLP participant based on an assessment that addresses his/her needs and specifies responsibilities, methods to be used, and time frames for completion. Provide ongoing monitoring of progress towards attaining LP goals and recommend changes, including discharge planning as needed. Visit the program participant with frequency sufficient to insure progress in the LP. Coordinate semiannual staffing with appropriate parties to review status. The LP should provide or arrange for training or support in the following areas as determined by the initial assessment and progress:
  - a. housekeeping and home maintenance skills
  - b. mobility and community transportation skills
  - c. interpersonal skills and relationships
  - d. health maintenance
  - e. safety practices
  - f. financial management
  - g. problem solving and decision-making
  - h. self-advocacy and assertiveness training
  - i. utilization of community resources and services
  - j. recreational and leisure skills
  - k. basic self-care skills
  - l. menu planning and meal preparation
  - m. communication skills
  - n. time management
  - o. coping with crises
  - p. forming natural support systems
2. Maintain written documentation in case files of contacts, visits, and telephone conversations with program participants, service providers, and significant others.
3. Provide case management and informal counseling for individuals as needed. Case management services include but are not limited to:
  - a. Ensure referral and follow-through to needed community services including vocational, educational, medical, psychological, alcohol and drug abuse and other specialized services, as appropriate. Maintain communication and coordination with other service providers.
  - b. Provide prompt intervention to resolve interpersonal and community living problems.
  - c. Encourage and support the individual's involvement in community life, activities, self-help, and advocacy programs.
  - d. Assist individuals in applying for benefits as appropriate and securing needed documentation to resolve problems concerning those benefits.

- e. Assist the individual in screening, hiring and training attendant and respite workers as required. Help the individual understand their responsibilities as employers.
  - f. Lead in the development of a support network for the individual which will include the resident and significant others who will contribute to the training, support and service plan of the individual.
  - g. Complete a community-based social/recreational Personal Planning Inventory (PPI) on all residents to enhance community integrative programming.
4. Maintain a 24-hour coverage plan to respond to residents when ill or in case of emergency. The agency must maintain a log of the emergency calls and the response time to an emergency call.

Provide initial and ongoing training to program staff, including attendant and respite staff, regarding the concerns of residents.

Notify Adult Services verbally and in writing of significant problems and submit discharge/termination summary.

Provide consultation on community resources and service options in order to facilitate the development of consumer choice in service planning.

Develop and review a "Safeguard Program Checklist" that identifies items/services or procedures critical for the care, stability or service need of the program participants, and review the list with participants/guardian, where appropriate.

The agency must prepare and submit a report indicating various client outcomes acquired as a result of their participation in this service (e.g. increase wages, acquire new job skill, individuals' goal achieved).

### **Unit of Service**

A unit of service is one-quarter hour of direct service time.

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, and vacation.

Collateral contacts are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers,

physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Person-Centered planning services provides a “skilled facilitator” to guide the parent, guardian and significant others, with the consumer through a process of identifying current and futures supports, in addition to planning future goals. The intent of the Person-Centered process is to identify the needs, interest and positive support elements to work collaboratively to accomplish desired consumer and family goals by engaging all parties in the planning and implementation process.

Disabilities Services staff interest in this method is to provide a vehicle that begins the “get-acquainted process” of individuals and their family with professionals in the field to recognize and utilize their strengths in navigating adult services and systems important to community living for the adult with a disability. Addressing needed supports through a family and significant other process provides the opportunity to capitalize on utilizing stable supports, who have a vested interest in the adult with the disability to assist in life planning and life services.

The trained staff providing person-centered services will be expected to possess the knowledge, and skill of person-centered planning approaches, upon contract award. In addition staff will need current understanding and familiarity of the adult systems to inform and guide family members. It is expected that staff will encourage and guide the person with family, primary caregiver and other interested parties to engage in functional skill building activities, social/peer relationship development, community activities, and assistance with benefit counseling and develop future plans and goals that will aid the individual and their support network. The planning sessions are planned to occur, at minimum one to two times monthly, per person and as needed to accomplish the objectives.

Disabilities Services is the fixed point of referral and enrollment for this service.

### **Agency Service Requirements - Person-Centered Planning Programs**

For Person-Centered Planning, providers must produce a quarterly summary report including information on persons served, needs identified-addressed, progress made and unmet needs, and submit it to DD management staff.

Agency must submit a semi-annual update on the services provided frequency and identify the general goals of the participants and progress made.

Agency must provide training in self-advocacy on elements of self-determination.

A Consumer Satisfaction Survey must be issued and a written summary of the results forwarded to DSD management personnel.

Representation at the Person-Centered Providers Group Meetings scheduled by Disabilities Services staff is required, quarterly.

Agency must identify and submit three (3) personal stories identifying service outcome and client benefit.

### **Person-Centered Planning Services Requirements**

All agencies seeking to provide Person-Centered Planning services must comply with the following requirements:

1. Develop a service/support plan with each participant based on assessing the individual. Provide monitoring of progress towards attaining the goals and recommend changes. Contact the program participant and family with frequency sufficient to insure progress. Coordinate semiannual staffing with appropriate parties to review status. Areas to focus on are:
  - a. housekeeping and home maintenance skills
  - b. mobility and community transportation skills
  - c. interpersonal skills and relationships
  - d. health maintenance
  - e. safety practices
  - f. financial management
  - g. problem solving and decision-making
  - h. self-advocacy and assertiveness training
  - i. utilization of community resources and services
  - j. recreational and leisure skills
  - k. basic self-care skills
  - l. menu planning and meal preparation
  - m. communication skills
  - n. time management
  - o. coping with crises
  - p. forming natural support systems
2. Maintain written documentation in case files of contacts, visits, and telephone conversations with program participants, service providers, and significant others.
3. Provide case management and informal counseling for individuals as needed. Case management services include but are not limited to:
  - a. Insure referral and follow-through to needed community services including vocational, educational, medical, psychological, alcohol and drug abuse and other specialized services, as appropriate. Maintain communication and coordination with other service providers.
  - b. Encourage and support the individual's involvement in community life, activities, self-help, and advocacy programs.

- c. Assist individuals in applying for benefits as appropriate and securing needed documentation to resolve problems concerning those benefits.
  - d. Lead in the development of a support network for the individual that will include the resident and significant others who will contribute to the training, support and service plan of the individual.
  - e. Complete a community-based social/recreational Personal Planning Inventory (PPI) on all residents to enhance community integrative programming.
4. Provide consultation on community resources and service options in order to facilitate the development of consumer choice in service planning.

The agency must prepare and submit a report indicating various client outcomes acquired as a result of their participation in this service (e.g. increase wages, acquire new job skill, individuals' goal achieved)

### **Unit of Service**

#### **A unit of service is one-quarter hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, and vacation.

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

Targeted case management (TCM) is a service/practice which addresses the overall maintenance of a person including his / her physical, psychological and social environment with the goal of facilitating physical survival, personal health, community participation and recovery from or adaptation to mental illness. Targeted case management puts primary emphasis on a support professional- consumer therapeutic relationship and intervention to facilitate a continuity of care and promote successful community living experiences.

**Target population**

Persons served by TCM services have a diagnosis of a developmental disability and are typically at-risk for loss of stability in the community leading to an in-patient hospitalization or rehabilitation period and/or homelessness. This factor occurs due to the lack of family or significant adult instrumental in directing or guiding their care and support. Persons who are served by the program must:

- Be a Milwaukee county resident;
- Be at least 18 years of age up to 59;
- Active on Title 19; and
- Have demonstrated functional limitation in one or more of the following areas: housing, employment, medication or health care management, court mandated services, money management, community problem due to decision-making or symptom escalation to the point of requiring inpatient care

**Targeted Case Management (DD target group) offers three major service components;**

1. Health and Wellness Monitoring
2. Guidance and Informal counseling with daily functions
3. Social Supports/relationships

**The service components the provider staff will:**

1. Implement a service plan designed to address the consumers needs in daily living tasks. This would include stable and safe housing, productive and meaningful activity, and ideas for leisure or recreation time. The plan should identify and complement the life relationships, activities, values and culture of each individual. The focus is to assist the consumer to live in, learn, and participate in community.
2. Collaborate on health and safety in the community living. The consumer's preferred health and personal habits should be accepted or their development guided. Assistance may be necessary with the maintenance of regular health care provider

visits for physical health and mental/behavioral health visits, or with money management.

3. Offer guidance and informal counseling/support through assistance with decision-making, individual contacts or in a group setting. This service may be extended to family or other living environments to foster productive living experience. In accordance with the consumer's needs and wishes, referrals may be made to outside providers for formal counseling.
4. Provide guidance with social supports and build meaningful and trusting relationships that are core to a functional and productive life. This should include activities facilitating personal growth and opportunities that permit attendance at events and utilize public resources.

### **Agency Requirements – Targeted Case Management Services DD**

1. Assess and submit an initial plan within twelve working days of all referrals. The final plan must be submitted within 30 days and include objectives. In this process each consumer should be given respect and priority to their views and opinion included in the planning. This would include helping the person choose their own goals, choose what kind of help is needed to achieve them, and how to get that help.
2. Agency must produce a semi-annual report on the services provided, frequency and identify the general goals of the participants and progress made. The document should be submitted to DSD staff. The report should include a statement of progress and challenges toward the goals for each participant and, any recommendations for changes in the service plan.
3. Agency must provide training in self-advocacy on elements of self-determination.
4. A Consumer Satisfaction Survey must be issued and a written summary of the results.

### **Unit of Service**

A unit of service is one-quarter hour of direct service time.

**Direct service time** is staff time spent in providing service to the program participants which includes face to-face contacts (office or field), collateral contacts, travel time, telephone contacts, client staffing and time spent in documentation of service provision. (Direct service time does not include indirect time such as that spent at staff meetings, in-service training, vacation, etc.

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and



need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc. Reimbursement for group services is based on one-hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

### **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact, (b) the type of contact (face-to-face, collateral, phone, etc.), (c) who the contact is with, (d) the content of the contact, (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

**Program Purpose**

Milwaukee County DSD is developing a Disability Resource Center (DRC) to be certified by the State of Wisconsin Department of Health Services (DHS) as part of a project to expand Family Care and other long term care managed care options in Milwaukee County.

An integral function of the DRC is Disability Benefits Counseling which assists all Milwaukee County residents who are interested in seeking and obtaining private or public benefits such as Family Care, Family Care Partnership, Supplementary Security Income (SSI), Social Security Disability Income (SSDI), Medicaid or other benefits for which they are eligible. The Disability Benefits Counseling program must meet the performance goal in the Aging and Disability Resource Center (ADRC) Contract which states: Adults with developmental disabilities, physical disabilities, mental illness and/or substance abuse disorders receive information about, and assistance in, obtaining or retaining public and private benefits for which they are eligible.

The Disability Benefits Counseling program must provide sufficient Disability Benefit Specialists (DBS) and appropriate supervision and day-to-day support to provide the disability benefits counseling services required of the DRC. The DBSs must meet the qualifications and initial and ongoing training requirements outlined in the DHS ADRC Contract.

The Disability Benefit Specialists must provide the mandatory Core Services identified in the DHS DBS Program Services Scope of Services (August 2008 or as updated by DHS). These services must be provided in locations frequented by individuals who might be seeking DBS services, at the Disability Resource Center, at locations convenient to these individuals or at an individual's home if necessary.

The DBSs will be a valuable and vital component of the DRC's services and will be an integral part of most referrals for the DRC. It is appropriate that DBSs be involved in DRC staff orientation and training, as well as have DBSs participate in client specific staffing or planning sessions as appropriate. The DBSs would also serve to provide outreach to promote the DRC and Disability Benefits Specialist Program services in Milwaukee County. The DRC would distribute brochures about the Disability Benefit Specialist program to consumers as applicable and as part of its outreach and information and assistance efforts.

The DBSs will only serve individuals referred for disability benefits counseling by the Disability Resource Center. The agency hiring the DBSs shall not promote its own phone number for people seeking disability benefits counseling.

It is anticipated that the DBS function will begin on or about February 1, 2010.

## **Required Program Inputs, Processes, and Program Activities**

The Disability Benefits Specialists shall perform the following activities in compliance with the DHS ADRC contract:

1. Provide accurate and current information on private and public government benefits and programs;
2. Provide information and technical assistance about how to access such benefits and information about the responsibilities of program participants;
3. Assist applicants for both private and public benefits and programs to locate and gather verifying data, both financial and non-financial;
4. Provide information on consumer rights, complaints, grievance and appeals processes;
5. Provide advice and assistance in preparing and filing complaints, grievances and appeals;
6. Make appropriate referrals for employment and other disability-related counseling and services (e.g., to Independent Living Centers, Pathways to Independence, Benefits Planning Assistance and Outreach, Division of Vocational Rehabilitation, and Disability rights Wisconsin);
7. Provide representation as appropriate, for individuals with developmental disabilities, physical disabilities, substance use disorders or mental illness as needed in administrative hearings or other grievance steps;
8. Consult with disability benefit specialist program attorneys working for or with or under contract to the disability benefits specialist program administered by DHS;
9. Initiate investigations to gather needed factual information to perform advocacy duties;
10. Do not disclose information about a client without the informed consent of the client, unless required by law;
11. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
12. Negotiate on behalf of individuals with county agencies, managed care organizations, service providers or the state regarding disputes over long-term care, mental health and substance abuse services; and
13. Identify and document concerns and problems of individuals with developmental disabilities, physical disabilities, mental illness and/or substance use disorders and related system-level issues and present that information to appropriate entities.

At least one DBS staff member will be located in the DRC at 1220 W. Vliet St., Milwaukee, WI. This will help facilitate communication, in addition to helping consumers access the DBSs. The DBSs will also have regularly scheduled meetings, at a minimum quarterly, to provide training and review current program information with the DRC staff. This will provide a forum for ongoing DRC training and individual case consultation and problem solving to ensure quality customer service. As applicable, identified staff from

Income Maintenance will participate in these information and ongoing consultation forums.

The DRC will make available to the on-site DBSs basic business tools such as a telephone, high-speed internet access, printer, computer, desk and a lockable file cabinet. The DRC will also provide a private workspace for the DBS to facilitate confidential online or telephone applications, as appropriate.

The DBSs will be expected to use the MIDAS management information system for all client services documentation. The agency hiring the DBSs should have the capacity to utilize MIDAS. The DRC will provide the DBSs with MIDAS training. The system will be used for required DHS Medicaid Administration 100% time reporting. Clients who call the DRC and are referred for DBS services will be logged in MIDAS by the DRC.

Through the contract for DBS services the DRC is responsible for providing overall direction to the DBSs, but the agency hiring the DBSs will be responsible for day-to-day supervision. This supervision should include:

1. direction in the daily job performance of the DBS, including attendance, time management, DHS MA Administration 100% time reporting, productivity and prioritization of non-case specific functions such as outreach and community education;
2. insuring that referrals are responded to in a timely manner, that all services are documented on MIDAS and that meetings with clients occur in locations convenient to individuals or in their home, if necessary;
3. insuring that the DBSs attend all ongoing meetings and trainings of the disability benefit specialists as coordinated and organized by the program attorney's, meetings of the Wisconsin Disability Benefits Network, and any other trainings required by DHS;
4. adherence to relevant employee policies and procedures and DRC policies and procedures regarding Conflict of Interest and the Consumer Rights and Complaints/Grievances process;
5. direction regarding outreach to target populations in coordination with the outreach strategies of the DRC;
6. incorporating guidance from the program attorney around issues related to caseload size and composition;
7. completion of employee performance evaluations with input from the program attorney regarding substantive knowledge and performance, the DRC regarding timeliness and effectiveness of providing disability benefits counseling to persons referred and the DHS program manager regarding client data reporting data; and
8. timely maintenance and delivery of the DBS database to DHS on request.

The DRC will monitor the timeliness of the DBS' response to referrals and conduct consumer satisfaction surveys of individuals receiving service and assistance from the DBS. Data will be collected on the success of the DBSs to assist customers with

obtaining either private or public disability benefits, obtaining medical assistance or other health coverage and number of referrals to local employment-related agencies. The DRC have available to clients overall information about the process for filing grievances, including filing a grievance regarding DBS services. The DBSs will provide clients with a copy of the DRC Consumer Rights, Complaints/Grievances Process handout.

Stakeholders and partners vital to the implementation of a DBS in the DRC include the State of Wisconsin Income Maintenance ( the replacement for the Milwaukee County DHHS Economic Support Division), Workforce Development Center, Division of Vocational Rehabilitation, Social Security, Milwaukee County Department of Aging, the Housing Authority, the Long Term Support Committee, area school districts, ARC, NAMI of Milwaukee County, local hospitals and other social service agencies with which Milwaukee County contracts.

Public awareness of DBS services will be assured by readily disseminating information to the general public through a variety of sources by both the agency hiring the DBSs and the DRC.

The disability benefit specialist services must comply with confidentiality standards outlined in the Disability Benefit Specialist Program Policies and Procedures. As required in the Disability Benefit Specialist Program Policies and Procedures, the DBSs shall use a Client Services Agreement with every client from whom they open a case.

The DRC shall initially identify if clients seeking disability benefits counseling meet general criteria for case acceptance and referral to the Disability Benefit Specialist. The DRC will determine if the client falls within the target population of the DRC and whether the issues identified fall within the Disability Benefit Specialist Scope of Services. Before referring to a DBS, the DRC will also consider the factors outlined in the Disability Benefit Specialist Program Policies and Procedures. Before accepting a case the DBS will also consider the factors outlined in the Disability Benefit Specialist Program Policies and Procedures. If there is disagreement between the DRC and the agency hiring the DBSs on case acceptance, a meeting will be held to try to come to an agreement and the Program Attorney will be consulted.

Case closures and termination for DBS services must follow the guidelines in the Disability Benefit Specialist Program Policies and Procedures.

## **PROPOSAL CONTENT MUST ADDRESS:**

1. Staffing issues:
  - a. The number (FTEs) of Disability Benefit Specialists (DBSs) who will provide disability benefit counseling, the number (FTEs) of supervisors and any other support staff (describe their role and function).
  - b. Qualifications for all positions.

- c. The qualifications, including education and relevant experience, of any existing staff who will be Disability Benefit Specialists.
  - d. Hiring process for DBSs and supervisors.
  - e. Initial and ongoing training of DBSs, and any supervisors and support staff.
  - f. Process for providing at least one DBS available on-site at the DRC during the DRC's regularly scheduled working hours. If different staff provides DRC on-site coverage explain how service continuity will be ensured.
  - g. Process for filling vacancies which would include working with the DRC, DHS and program attorneys and which must address management of existing caseload, ongoing correspondence and new DBS contacts.
  - h. Describe how conflict of interest will be avoided.
2. Staff supervision:
- a. Describe how the daily job performance of DBSs will be supervised to ensure that the Disability Benefit Specialist Program Policies and Procedures are followed and the Scope of Services addressed. Describe specifically how DBS attendance, 100% time reporting and productivity and prioritization of non-case-specific functions will be monitored.
  - b. Provide an organizational structure for the reporting relationships among supervisors, DBSs and any support staff.
  - c. Describe the process for co-guidance from the Program Attorney regarding caseload management.
  - d. Describe process for evaluating employee performance, including soliciting input from the DRC and Program Attorneys.
3. Staff training:
- a. Outline the hours and content of initial and ongoing training and frequency of ongoing training.
  - b. Describe the initial and ongoing training related to DHS MA Administration 100% time reporting.
  - c. Describe the process for ensuring that DBSs achieve core competencies.
  - d. Describe how the DBSs will receive the training required in the Disability Benefit Specialist Program Policies and Procedures.
4. Service issues:
- a. Describe how the mandatory Core Services identified in the DHS Disability Benefit Specialist (DBS) Program Services Scope of Services (August 2008 or as updated by DHS) will be provided.
  - b. Describe where Disability Benefit Specialist Program services will be provided and the hours and days that services will be provided to clients.
  - c. Describe how compliance with the DHS Disability Benefit Specialist Program Policies and Procedures will be achieved.
  - d. Describe how confidentiality of clients will be maintained in compliance with the DHS Disability Benefit Specialist Program Policies and Procedures.

- e. Describe the process that will be used to determine case acceptance and case closure and termination procedures.
  - f. Describe the process for using the Client Services Agreement in compliance with the DHS Disability Benefit Specialist Program Policies and Procedures.
  - g. Describe the interface with the DRC in term of assuring people referred to the DBSs are served in a quality and timely manner.
  - h. Describe the process for ensuring the timely maintenance and delivery of the DBS database to DHS.
  - i. Describe the agency's capability to use the MIDAS management information system and the monitoring of DBS use of the system for reporting and documenting the provision of services to clients.
  - j. Describe the process for insuring use of the Client Services Agreement for each client served.
  - k. Describe any plans for providing outreach regarding the Disability Benefit Specialist Program and provide sample of proposed materials which would be used.
  - l. Describe how the agency will address client accessibility (physical and language), cultural sensitivity, and serving individuals with cognitive impairments.
5. Outcomes
- a. Describe clearly the outcomes measures which will be used to demonstrate that people referred were assisted in obtaining or retaining public or private benefits.
  - b. Describe the process for ensuring outcomes are achieved, including how information will be collected, reviewed and communicated back internally to improve outcomes.

### **Non-Billable Activities**

Services that are not included in the mandatory Core Services identified in the DHS DBS Program Services Scope of Services (August 2008 or as updated by DHS) are not billable unless preapproved by the DRC Manager.

### **Required Documentation**

Copies of the state required client reporting forms will be provided to the Resource Center Manager on a monthly basis.

A quarterly evaluation report addressing the program outcomes will be provided to DHHS Contract Administration and the DRC Resource Center Manager.

Billings shall be submitted monthly in electronic format.

### **Expected Outputs and Outcomes, Indicators and Levels of Outcome Achievement**

## **Disability Benefit Specialists**

1. Of the clients referred to the DBSs, 90% will express satisfaction with the program's services in an annual client satisfaction survey administered by the DRC.
2. All DBSs will comply with DHS MA Administration 100% time reporting for all Disability Benefit Specialist services provided to clients.
3. People referred to a DBS will be contacted by the DBS within three (3) business days to address their questions or make an appointment for a face-to-face visit.
4. Copies of the state required client reporting forms will be provided to the Resource Center Manager on a monthly basis.
5. Documentation will be provided to show that the DBSs participated in all trainings required in the ADRC contract and Disability Benefit Specialist Program Policies and Procedures.
6. Documentation will be provided to show that the DBSs participated in required DRC trainings and staff meetings.
7. Documentation will be provided to demonstrate completion of outreach activities as agreed to by the DRC and agency hiring the DBSs.
8. Documentation will be provided to demonstrate achievement of outcome goals as developed by the agency hiring the DBSs and agreed to by the DRC.
9. Documentation will be provided to demonstrate that the DBS positions are filled with effective, customer-driven individuals who are motivated, dependable and flexible to meet the needs of the DRC.
10. Documentation will be provided to demonstrate that the DBSs address the Disability Benefit Specialist Scope of Services and the Disability Benefit Specialist Program Policies and Procedures.
11. A quarterly evaluation report addressing the outcomes above will be provided to DHHS Contract Administration and the DRC Resource Center Manager.

## **Units**

Units of service for this program shall be reported in quarter-hours.

## **Additional Information**

In developing a proposal to provide DBS services, respondents should consult the following documents available on the RFP distribution CD, or online at:

<http://county.milwaukeecounty.org/ContractMgt15483.htm>

Scope of Services, August, 2008, Client Services Agreement, DBS Policy & Procedure Manual.



## **FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL**

Disabilities Services Division has three-year program contract cycles. **All agencies that are in the second or third year of a multi-year contract cycle in 2010 are not open for competitive proposals.** Agencies that are currently in a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, the Authorization To File (Item 3), **plus the semiannual evaluation report** as found in the Application Contents section of the *Purchase of Service Guidelines - Technical Requirement*. **The following programs are currently in a multi-year contract cycle:**

DSD 009 - Early Intervention - Birth to Three

DSD 021 - Fiscal Agent Services

All Initial Submissions, regardless of contract cycle year, must be received by the DHHS **no later than 4:30 p.m. on Friday, September 4, 2009. Final Submissions are due Friday, December 11, 2009.**

The program description(s) for the above multi-year cycle program(s) follows for the benefit of continuing contractors.

# DEVELOPMENTAL DISABILITIES-CHILDREN

## EARLY INTERVENTION BIRTH TO THREE SERVICES FOR CHILDREN DSD009

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**Early intervention programs are provided in accordance with the requirements of the Individuals with Disabilities Act (IDEA) and WI Administrative Code, HFS 90. Early Intervention programs are designed to enhance parents'/caregivers' ability to meet the unique developmental needs of their child and to enhance the overall development of the child within the context of the child's family and community.**

The principles that guide this program are:

1. A child's optimal development depends on their being viewed first as children and second as children with a problem or disability.
2. A child's greatest resource is their family.
3. Parents are partners in any activity that serves their children.
4. Children are best supported within the context of family and the family is best supported within the context of the community.
5. Professionals are most effective when they can work as a team member with parents and others.
6. Collaboration is the best way to provide comprehensive services.
7. Early intervention enhances the development of children.

These principles were adopted by the State Interagency Coordinating Council and reflect the values that guide implementation of the Birth to Three Program.

The Milwaukee County Department of Health and Human Services, Birth to Three Program is the lead agency. DHHS maintains central intake functions. New referrals are assigned to agencies for evaluation, assessment, eligibility determination, plan development and on-going services.

All families participating in the early intervention programs work with a service coordinator. The service coordinator is the primary contact for the family from the time of referral to the time of transition from Birth to Three Program. The service coordinator arranges for evaluation, assessment, and development of the IFSP. The service coordinator is responsible for ensuring that families understand their rights within the program.

The evaluation team for Birth to Three must include a service coordinator and at least two qualified professionals (per HFS 90). The parent/surrogate parent/guardian is a member of the evaluation team.

The team reviews existing evaluations, performs additional evaluations which may be necessary, observes the child in their home or community environment and completes individual written reports. The evaluation provides information about the child's current developmental functioning and determines the child's eligibility for services. If the child is eligible, the family and the team develop an Individual Family Service Plan (IFSP) based on the family's identified concerns and priorities regarding the child's development. The IFSP must be developed within 45 days from the date of referral. The IFSP includes specific activities to address the family's priorities regarding their child's development. Services listed on the IFSP should be initiated in a timely manner. A Child Outcomes Summary Worksheet with program entry information will also be completed at this time. The service coordinator assists the family in obtaining the recommended services. The IFSP is reviewed/revised with the family at least every six months.

The Evaluation Team Report, the IFSP, and the Child Outcomes Summary Worksheet are submitted to DHHS Birth to Three Program staff for review and authorization of services.

Services provided to children/families are based on the concerns and priorities identified in the IFSP. The services should promote community integration for children with developmental disabilities and/or delays. The services should be provided within the context of the family/child's daily routines. Services may include: education, occupational therapy, physical therapy, speech therapy, psychology, assistive technology, nutrition, social work, parent education and support, and transportation. Service coordination is provided for all eligible children and their families. Service delivery can include: individual service, group activities, consultation activities with family and providers, and parent education activities.

Services should be designed to meet the family's needs, schedules, and their priorities regarding their child's development. All agencies should describe in their application how their program design will provide services within the context of the child and family's daily routines.

If the IFSP team considers provision of services in other than the child's natural environment, the program must have sufficient documentation to support the team's decision that the child and family outcomes could not be met by providing services in the natural environment. The documentation should include an explanation of how the IFSP team made this determination, how the goals and strategies will be generalized to other environments and what supports are needed to serve the child within the home and community environment.

## **Early Intervention Birth to Three Program Requirements**

1. Address all Disabilities Services and HFS 90 Early Intervention requirements related to evaluation, development, implementation and revision of the Individual Family Service Plan (IFSP), service coordination, obtaining informed parent/guardian/surrogate parent consent and ensuring that the parent/child rights are maintained.
2. Make available appropriate qualified staff for evaluation of children referred by the Birth to Three DHHS Intake staff. Staff should meet the personnel and training requirements of HFS 90.
3. Make available appropriate qualified staff for the provision of services to children and families within the context of their daily routines.
4. Make available appropriate qualified staff to provide service coordination, to develop and monitor the IFSP with the family and to link families with appropriate services and resources. Per HFS 90, Service Coordinators are required to participate in at least 5 hours of training each year related to early intervention. Service coordinators should also be knowledgeable of community resources for children and families.
5. Address the agency's plan for family participation in evaluation, IFSP development and provision of services.
6. Review the IFSP with the family at least every six months.
7. Transition children at age three to appropriate school and community resources.
8. Provide a representative to receive referrals for the agency at the DHHS Collaborative Intake meeting.
9. Have adequate billing procedures to ensure that third party revenues are maximized and the Birth to Three cost share system is implemented.
10. Have adequate written information available for non-English speaking families, e.g., program descriptions, service descriptions, primary policies and guidelines for participants.
11. Enter all child data into the State of Wisconsin PPS – Birth to Three module.
12. Enter National Child Outcomes entry and exit data into the PPS system.

## **Agency Reporting**

1. On a semi-annual basis each agency must provide a narrative report Milwaukee County DHHS contract administration with the information listed below. The final report for the year should include the yearly total.

2. Each agency will submit a semi-annual report listing training activities for service coordinators and any assistance needed from DHHS & State Birth to Three staff that would enhance service coordinator skills and knowledge of resources.
3. Each agency must provide a yearly summary of parent education activities, using the following format:

Date(s)	Activity	Topic	Location	# Parents Attended

4. Each agency must provide a yearly summary highlighting successes in providing services within the context of the community and listing any barriers to implementation of their program design.
5. Each agency must describe staffing shortages and/or challenges and their action plans to alleviate the issues.

### **Program Performance Data**

1. Individuals with Disabilities Education Act (IDEA) 2004 revisions require states to provide **Child and Family outcome data** demonstrating the impact of early intervention. The primary focus of Federal and State monitoring activities is on improving education results and functional outcomes for all children with disabilities.

The Office of Special Education Programs (OSEP) in the U.S. Department of Education has taken stronger actions to enforce the IDEA by issuing the first set of state-level determinations for Part C, Birth-to-Three Program. The determinations were based on fourteen federally defined indicators required under federal statute as part of ongoing efforts to improve results for children and youth with disabilities.

OSEP has required states to enforce IDEA by making local determinations annually on the performance of each early intervention program under Part C. States are required to consider a county's performance on compliance indicators based in part on **Child and Family Outcomes** and other performance data.

The compliance indicators are:

- 1) Percent of infants and toddlers with Individualized Family Service Plans (IFSP's) who receive early intervention service on their IFSP's in a timely manner (within 30 days). State target: 100%. (*Federal Indicator 1*)
- 2) Percent of infants and toddlers with IFSP's who primarily receive early intervention services in the home or in programs for typically developing children. State target: 95.68%. (*Federal Indicator 2*)

- 3) Percent of infants and toddlers with IFSP's who demonstrate positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors. State target: *not yet determined*.
- 4) Percent of families participating in Part C who report that early intervention services have helped the family. *State target: not yet determined*.
- 5) Percent of infants and toddlers from birth to age 1 with IFSP's compared to birthrate. State target: 1.13% of birthrate. *Reporting not required at this time*.
- 6) Percent of infants and toddlers from birth to age 3 with IFSP's. State target: 2.80% of birthrate. *Reporting not required at this time*.
- 7) Percent of eligible infants and toddlers with IFSP's for whom evaluation was completed within 45 days. State target: 100%. (*Federal Indicator 7*)
- 8) Percent of children exiting Part C who received timely transition planning. State target: 100%. (*Federal Indicator 8a,8b,8c*)

In October and November of 2007, the DSD Birth-to-Three program was evaluated by the State. Milwaukee County received a local determination of "needs assistance" on several indicators. Determinations of program compliance by counties will be provided annually, and states must apply enforcement actions after a county's overall determination of "needs assistance" results for two consecutive years. These compliance indicators have been in existence for at least five years. It is essential to ensure that contracted Birth-To-Three providers meet all compliance indicators in order to avoid a second year determination of "needs assistance."

The State and County have jointly developed individual agency Performance Improvement Plans (PIP's). These PIP's are mandatory to ensure compliance with federal indicators. The individual PIP's were based upon an agency's compliance with the performance indicators. 2009 Birth-To-Three contract allocations will be based upon provider agencies' ability to comply with these indicators per the plans.

All Birth to Three Program provider agencies will be required to collect and submit entry, ongoing and exit data for each eligible child receiving services into the State PPS system. The data will reflect achievement/progress toward the following **Child Outcomes**:

- a. Children have positive social-emotional skills (including positive relationships).
- b. Children acquire and use knowledge and skills (including early language/communication).
- c. Children will take appropriate actions to meet their needs.

Information will be collected for each child by the evaluation team and documented on a Child Outcomes Summary Worksheet.

2. **Family Outcome** information will be collected and submitted to DHHS on an annual basis in the form of a survey. The survey responses will reflect achievement/progress toward the following Family Outcomes: The survey sample and format is provided by the State of Wisconsin Birth to Three program.
  - a. Families understand their child's strengths, abilities, and special needs.
  - b. Families know their rights and advocate effectively for their children.
  - c. Families help their child develop and learn.
  - d. Families have support systems.
  - e. Families' access desired services, programs and activities in their community.

### **Unit of Service**

**For all Birth to Three programs a unit of service is one-quarter hour of direct service time.**

**Direct service time** is staff time spent in providing service to the program participants, which includes face-to-face contacts (office or field), collateral contacts, telephone contacts, client staffing, and time spent in documentation of service provision. (Direct service does not include indirect time such as that spent at staff meetings, in service training, vacations, etc.)

**Collateral contacts** are face-to-face or telephone contacts with persons other than the program participants, who are directly related to providing service to the person and need to be involved by virtue of their relationship to the program participant. Collateral contacts could include contacts with family members, other service providers, physicians, school personnel, clergy, etc.

Reimbursement for group services is based on one hour units of direct service time. The total time must be equally divided between each group participant and recorded in the case record of the participant.

### **Documentation**

**Direct service time** must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include (a) the date of the contact; (b) the type of contact (face-to-face, collateral, phone, etc.); (c) who the contact was with; (d) the content of the contact; and (e) the number of units (the length of the contact). The case narrative must be contained in the case record maintained by the agency.

The Milwaukee County Department of Health and Human Services Disability Services Division administers several federal and state client-specific long term support funding sources. These funding sources include the Community Options Program (COP), COP Waiver, Community Integration Program (CIP II), the Community Integration Program - IA and IB (CIP IA, CIP IB), Brain Injury Waiver (BIW), Children's Long Term Support Programs (CLTS) and the Family Support Program.

**CIP IA, CIP IB, COP Waiver and CIP II, are Medicaid funds provided through a federal home and community-based state waiver. The waiver programs provide services to adults and children with chronic disabilities to assist them with living in the community. The Community Options and Family Support programs are funded with State General Purpose Revenue. COP provides funds for the same purposes as CIP IA and CIP IB, COP Waiver and CIP II. The Family Support Program provides funds only to families with severely disabled children to keep their own from being institutionalized.**

Milwaukee County has, for several years, given the client COP funds to purchase Supportive Home Care services. The client, in turn, pays a provider for that service. When funds are paid directly to the client, the client becomes the provider's employer. The client directs their own care and is responsible for hiring, supervising and training the provider. If Milwaukee County were to pay providers directly, Milwaukee County would be deemed the provider's employer in any Unemployment Compensation action.

Act 31 (1989-1991 State Budget) added a provision to COP statute s. 46.27(5)(i), allowing counties to serve as fiscal agents for purposes of paying Unemployment Compensation taxes when COP recipients serve as the employer of their Supportive Home Care or respite provider. This statute applies only where the COP recipient receives direct cash payments from the county. Federal law prohibits the direct pay of Medicaid Waiver dollars (CIP IA; CIP IB, COP Waiver and CIP II) to Waiver recipients, spouses, or parents of minors. All Medicaid Waiver payments must be made to the providers of care.

Given that Milwaukee County administers funding sources, which have these specific requirements, we have chosen to contract for the services of a fiscal agent to comply with the Medicaid provisions and the new provision in the COP statute. We are also extending these requirements to other long-term support funding sources operated by the county; i.e., Family Support.

Through this request for proposals, it is our intent to contract with an entity to purchase the services of a fiscal agent. The primary purpose of the fiscal agent is to provide payroll services to clients who employ providers of in-home supportive services. The County would provide funds to the fiscal agent to meet payroll requirements of supportive home care providers.

The functions of the fiscal agent also include cutting checks, preparing reports, and



creating accounts with unemployment compensation. For providing these payroll services, the fiscal agent will be compensated by Milwaukee County on an agreed upon rate per check fee. That activity will be included as a service cost to each client as part of the case plan. By using the fiscal agent, the County accomplishes two objectives:

1. The County is not the employer of this group of service providers.
2. It allows clients to choose, hire, and train their own attendants within the framework of Medicaid Waiver and State guidelines.

### **Program Requirements**

The provider agency will be under contract with the Disability Services Division. The contract will include an agreed upon rate for reimbursement of fiscal agent services up to a maximum contract amount.

1. The number of clients will vary from 200 to a possible 800.
2. **The cost for this service will be added to each individual client service plan. Therefore, the provider agency should calculate its cost based on each individual client transaction, including activities of check writing, mailings, processing tax forms, etc.**
3. The actual client payments that will be transferred from the County to the fiscal agent will range from \$65,000/month to \$500,000.
4. Agency will quote a maximum fee per check (physical) and also quote a rate per direct deposit payment in lieu of a check. Agency should also provide a quote for Administrative cost for "Stop Payment" order and a separate quote for providing a manual or out of sequence or special check or direct deposit.
5. The agency may charge the market bank rate for processing of a client stop payment order
6. Disability Services shall provide a monthly early payment to the fiscal agent to avoid disrupting of the agency's processing the client payroll. The early payment to the fiscal agent will equal the actual reporting statement from the fiscal agent for the most recent month of available data. Upon the discretion of Disability Services, the early payment can be increased to meet changing workload (for example, if a large group of clients are about to be added to the Fiscal Agent process).

### **Audit Requirements**

The fiscal agent shall submit to County, on or before June 30, 2009 or such later date that is mutually agreed to by Contractor and County, two (2) original copies of a certified program-specific audit report of the Fiscal Agent Program. The audit shall be performed

by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. The audit shall be conducted in accordance with the State of Wisconsin Department of Health and Family Services *Provider Agency Audit Guide*; 1999 revision, the provisions of *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and, Generally Accepted Auditing Standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

The CPA audit report shall contain the following Financial Statements and Auditors' Reports:

**1. Financial Statements for the Fiscal Agent Program prepared on a Modified Cash Basis as defined in the Fiscal Agent Program Purchase Contract.**

- a. Comparative Statements of Financial Position – Modified Cash Basis.
- b. Comparative Statements of Activities – Modified Cash Basis.
- c. Cash basis revenue and expenditures must be reported on **Comparative Statements of Cash Flows** for the calendar years under audit regardless of the fiscal agent program years to which they are related. (Note, comparative statements of cash flows are required because fiscal agent program financial statements are not prepared on the pure cash basis of accounting.)
- d. *Notes to financial statements, including total units of service provided under contract* (if not disclosed on the face of the financial statements).
- e. Schedule of expenditures of federal and state awards broken down by contract year. The schedule shall identify the contract number and the program number from the Exhibit I of the contract, and contain the information required by the *Provider Agency Audit Guide*, 1999 revision.

**2. Auditors Reports for the Fiscal Agent Program**

- a. Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the Provider Agency Audit Guide, 1999 revision, testing and reporting on items of compliance based on samples and directions contained in exhibit X.
- c. A copy of any management letter issued in conjunction with the audit shall

be provided to County. If no management letter was issued, the Schedule of Findings and Questioned Costs shall state that no management letter was issued.

- d. Schedule of Findings and Questioned Costs including a summary of auditor's results.
- e. A report on the status of action(s) taken on prior audit findings.
- f. Corrective action plan for all current year audit findings.
- g. Management's response to each audit comment and item identified in the auditor's management letter.

Regardless of status or format, all CPA audit reports and financial statements referenced above shall be prepared on a modified cash basis of accounting. **For purposes of this contract modified cash basis is defined as follows:**

- 1. Expenses are recognized when paid, with the exception of payroll taxes, which are accrued for wages and salaries, earned and paid.
- 2. Revenue is recognized when earned, which is upon issuance of paychecks for the related pay period; therefore, there will be a matching of revenue and related modified cash basis expenses for the same fiscal agent program calendar year. Audited revenue reported should correspond to DHS payments made for the contracted calendar year under review, including the final year-end adjusting payment made after the calendar year end for the prior contract year.

### **Fiscal Agent Service Provision Responsibilities and Requirements**

- 1. The fiscal agent shall develop and implement a fiscal agent system for providers of supportive home care services funded with long-term support funds. Duties of a fiscal agent include the issuance of:
  - Wage payments;
  - Social Security and benefit payments and deductions;
  - Tax payments and tax withholding;
  - W-2 forms and tax statements;
  - Recipient cost share statements.
- 2. The provider shall function as the federal and IRS fiscal agent, handling provider payments and deductions, and reporting and tax withholding responsibilities for the consumer, who is the employer.
- 3. The fiscal agent issues bimonthly payroll checks/Direct deposit made out to the provider (supportive home care worker). The checks are mailed to the client,

who turns them over to the provider or with proper documentation set up a system of direct deposit. The fiscal agent makes deductions for Social Security, Unemployment Compensation, and other deductions as necessary, and makes these payments.

4. The fiscal agent shall submit on or before the tenth (10<sup>th</sup>) working day of the month following the month in which service payments were made, a report of all payments made on behalf of clients served for the month. The reports will be in the format designated by Adult Services, and at a minimum contain the following: client name, address, provider, S.S. #, funding source of payment, payroll deductions, service coding, maximum authorized cost per case, payments to each provider, and total provider cost per client.
5. The fiscal agent will receive, review, complete and submit all forms, reports, and other documents required by Department of Industry, Labor and Human Relations or the Internal Revenue Service for Unemployment Compensation proposed on behalf of the client. The fiscal agent will also serve as the representative of the client in any investigation, hearing, meeting, or appeal involving an Unemployment Compensation tax question or benefits claim in which the client is a party.
6. The fiscal agent shall comply with all Disability Services fiscal and program reporting requirements. This includes the submittal of monthly expense and revenue forms.
7. The fiscal agent shall work with County staff to develop reports to meet federal and state reporting requirements.
8. The fiscal agent must be an entity, which offers similar services as part of its normal business, and may not be a relative or friend of the service provider acting on behalf of a single individual. Examples include:

Independent Living Centers	Consumer Organizations
Banks	Hospitals
Accounting Firms	Nursing Homes
Law Firms	Home Health Agencies
9. Disability Services will require that the fiscal agent be bonded.
10. The fiscal agent shall assist clients in understanding payroll processing, filling out time cards, and in submitting time cards to in a timely fashion.
11. The fiscal agent shall provide for an emergency payroll processing service that can handle emergency payroll processing needs outside of the normal.
12. The fiscal agent is responsible to provide all supplies, forms, etc., necessary to provide their services.

## **EXHIBIT X**

### **REQUIRED AUDIT PROCEDURES FOR FISCAL AGENT AUDIT REQUIREMENTS**

The auditor will, at a minimum, examine and report on the following internal control and compliance matters.

1. Recalculation of at least one month payroll, payroll taxes, reimbursable expenses and processing fees, and reconciliation to the monthly billing submitted to DHHS. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
2. Reconcile annual payroll and payroll taxes to relevant payroll tax returns filed with Internal Revenue Service, Social Security Administration, and Wisconsin Department of Workforce Development. *Any discrepancy, regardless of materiality, shall be reported as a finding.*
3. Examine insurance coverage. *Any discrepancy from the insurance requirements shall be reported as a finding.*
4. Test internal controls over reporting, to include at a minimum,
  - a. Testing of at least 100 payroll checks, recalculating gross payroll and calculation of employee and employer payroll taxes;
  - b. Testing the calculation of processing and stop payment fees charged, including examination of the underlying supporting documentation for the fees; and
  - c. Testing reimbursable expenses charged, including examination of the underlying supporting documentation for the expenses.

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## Housing Division

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### HOMELESS/EMERGENCY SHELTER CARE PROGRAM H-005

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#### **Program Purpose**

**Homeless/Emergency Shelter Care services** provide short term services, often under emergency conditions, in an alternate setting, to adults, families, and victims of domestic violence, who need a temporary place to stay pending resolution of problems in their home or life, or until an appropriate living setting can be secured.

#### **Required Program Inputs, Processes, and Program Activities**

Services must include, but are not limited to, relocation to permanent or transitional housing (may include support services), linkage to income/employment/entitlements, access to food, supervision at the shelter site, and short-term case management.

Every possible effort must be made to provide readily available access to persons who are not able to communicate fluently in English.

#### **Non-Billable Activities**

Emergency Shelter Care does not include services related to the management of transitional or permanent housing, to AODA treatment programming, or to mental health programming (although those services may be goals and referral sources and may be integral to the shelter stay component). Emergency Shelter Care is limited to the actual bed nights provided in the agency shelter facility as calculated in a per diem.

#### **Required Documentation**

All emergency shelter agencies under contract to Milwaukee County Housing Division will be required to participate in the Homeless Management Information System, the most common of which is Service Point. Agencies must meet quality of data standards set by HUD.

### **Expected Outputs**

- Each resident of the individual shelter will receive training in homeless prevention techniques, financial management, and personal/family skills.
- Each agency is expected to develop an action plan for each client, which will focus on employment or benefit acquisition.

### **Expected Outcomes**

1. Clients receive dignified shelter and related programming, utilizing all available shelter beds.
2. Clients are able to identify additional community resources and set forth individualized goals.
3. Clients are able to prevent future homeless episodes

### **Indicators**

1. The number of people that applied for shelter compared to the number of people accepted into shelter.
2. Exit interviews will be conducted to ensure clients have met the goals set forth in their individualized plan.
3. The number of clients leaving the shelter that has secured appropriate transitional or permanent housing.

### **Expected Levels of Outcome Achievement**

1. Each shelter will operate at a minimum of 90% capacity.
2. 70% of residents will obtain either transitional or permanent housing upon discharge.
3. 50% or residents will establish income upon discharge.

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## **COORDINATED COMMUNITY HOUSING**

### **Program H-003**

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#### **Program Purpose**

**Coordinated Community Housing provides** services to enable persons to obtain safe, healthful, and affordable housing.

#### **Required Program Inputs, Processes, and Program Activities**

Services include, but are not limited to, advocacy, assessment/diagnosis, and referral to both emergency and long-term housing, working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referrals to existing resources for home repairs, coordination of emergency housing resources, and advocacy related to housing issues. It may also include active intervention with persons who are experiencing condemnation of their current residential setting and are being forced to relocate.

#### **Non-Billable Activities**

*Other advocacy duties not related to the direct clients under the Coordinated Community Housing Program.*

#### **Required Documentation**

Agencies will maintain client files and their progress will be documented and charted.

#### **Expected Outputs**

- Reduction of homelessness
- Improvement of community housing stock
- Identify additional housing resources
- Coordinate housing programs and systems within the community

#### **Expected Outcomes**

1. Clients are able to access and maintain safe and affordable housing.



**Indicators**

1. Housing is retained for at least six months
2. Landlord/tenant disputes are resolved satisfactorily
3. Housing violations will be remedied
4. Clients will identify and utilize tenant skills
5. Consumers will express satisfaction with services they receive

**Expected Levels of Outcome Achievement**

1. 75% of clients will retain housing
2. 75% of clients will resolve landlord/tenant disputes
3. 70% of clients will report that housing violations are resolved
4. 90% of clients will effectively utilize new tenant skills
5. 80% of clients will report satisfaction with services

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## **BATTERED WOMEN'S COUNSELING**

### **Program H-004**

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#### **Program Purpose**

**Battered Women's Counseling** provides services to persons who have been victims of abuse in their relationships and who may be perpetrators of abuse. This service will look at the needs of each individual and assist that person in meeting the goals they set for themselves.

#### **Required Program Inputs, Processes, and Program Activities**

Services also include, but are not limited to, advocacy, provision of a crisis line and information and referral, support and training for volunteers, counseling related to domestic violence, referral to appropriate emergency shelter care, and support counseling for abusers.

#### **Non-Billable Activities**

The emergency shelter component of this service is not reimbursable by DHHS.

#### **Required Documentation**

Agencies will maintain client files and their progress will be documented and charted.

#### **Expected Outputs**

- Referrals for counseling will result from screening and assessment
- Women will enroll in individual counseling
- Women will enroll in group counseling
- Effective monitoring of case management

#### **Expected Outcomes**

1. Participants will increase the safety factors in their lives
2. Participants will identify and attain personal goals
3. Participants will receive the resources and legal support they need

### **Indicators**

1. Percent of participants who improve on pre and post testing of recognition and use of personal safety behaviors
2. Percent of participants who develop and achieve personal goals
3. Percent of participants receiving resources and necessary legal support

### **Expected Levels of Outcome Achievement**

1. 70% of participants will identify and reach their self-defined goals and establish a personal safety plan
2. 70% of participants will complete an individual counseling treatment plan and 60% of participants will complete the group counseling plan
3. 80% or participants will report they know more about available community resources after completing the program and will also report better knowledge of their legal rights

<b>FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL</b>
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**GUEST HOUSE – PRAIRIE APARTMENTS**

**Program H-007**

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**Program Purpose**

The Guest House will provide on-site services that are available to all residents at the Prairie Apartments permanent supported housing development. These services will assist individuals in maintaining their housing unit as well as to help improve the tenants' quality of life with an individualized plan.

**Required Program Inputs, Processes, and Program Activities**

A half-time case manager and a half-time counselor will have offices in the building. Residents may also receive services from other agencies. Residents who are BHD consumers, for example, will continue to work with a BHD case manager. The County case managers will focus on clinical and medical monitoring, while the Prairie/Guest House case manager will focus on daily living and tenant support. The Guest House staff will refer residents to local providers for service, such as employment training, that are not available on-site. It is the goal that some individuals will be able to transition from TCM to only Prairie/GH case management, or individuals would transition from CSP to the less intensive TCM given the onsite support. The counselor will provide individual therapy and group sessions for those in need of support related to AODA or mental health issues. The counselor will also leverage the involvement of any other support group entities (AL Anon, NA, AA) that may be desired by the tenants. The counselor will be affiliated with the Guest House AODA clinic that is run in partnership with Marquette University.

The case manager will be available on site for three key supportive service functions:

- The staff person will facilitate community life within the building by arranging periodic events and opportunities for resident interaction. This might take the form of a movie night, card tournament, or a holiday meal.
- The case manager will leverage outside resources that may be needed by the tenants. The case manager will create partnerships with outside entities in order to bring resources into the building. This might involve bringing in educational

classes, financial services such as free income tax preparation, or access to health care screening.

- When dealing with needed services not available through staff, partners, or volunteers in the building the case manager will make contact with and facilitate the tenant's access to resources that are needed outside the building.

Prairie Apartments will be based on a voluntary services model. The philosophy is that tenants of supportive housing have a right to safe, affordable housing with the same rights and obligations as any other leaseholder. Participation in services, therefore, should not be a condition of tenancy, and services should be designed to help tenants maintain housing stability and maximize their independence.

### **Non-Billable Activities**

Completion of annual leases and documentation for tax credits.

### **Required Documentation**

Tenant files must be maintained according to all HUD and WHEDA standards.

### **Expected Outputs**

- *Provider will ensure BHD consumers occupy at least 10 units at Prairie Apartments.*
- *Provider will attempt to make daily contact with each resident.*

### **Expected Outcomes**

1. Consumers will maintain their supportive housing placement
2. All BHD units will remain occupied
3. Consumers will improve in accomplishing their activities of daily living (ADL).
4. Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

### **Indicators**

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

### **Expected Levels of Outcome Achievement**

1. At least 80% of consumers will successfully complete a year lease at Prairie Apartments.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

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## OUR SPACE – UNITED HOUSE Program H-008

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### **Program Purpose**

Our Space will provide on-site services at the United House permanent supported housing development. These services will assist Milwaukee County Behavioral Health Division consumers with maintaining their individual housing unit and coordinate services with case management.

### **Required Program Inputs, Processes, and Program Activities**

#### **Services:**

- All consumers are referred by SAIL and funded by the County.
- Consumer referrals are screened for appropriateness.
- Consumers meeting the criteria are admitted and oriented to the program.
- After orientation, a consumer signs a lease agreement, program rules sheet and develops a Wellness Recovery Action Plan (WRAP) to maintain their physical and mental health.

Professional staff works with the individual's case manager, Peer Support Specialists and the resident to offer recovery-oriented services, including:

- **Mental Health Education Groups** to offer improvements in the categories of self-stigma/insight, identifying symptoms of mental illness and coping techniques. Groups will include discussion groups, role-playing activities, reviewing media coverage (newspaper articles & mental health magazines) and educational games.
- **Groups on Medication Management** to increase understanding of medications and their importance, identify obstacles to compliance and provide/receive peer support. . Groups, focusing on medication information, common side effects, interactions (nutrition, alcohol, over the counter medications, etc.) and support (peer, group, family, etc.) systems will be offered on a weekly basis.
- **Groups to create Wellness Recovery Action Plans (WRAP)** based on Mary Ellen Copeland's curriculum. Residents will demonstrate improved ability to identify personal factors that may trigger an increase in symptoms and will learn

and utilize new self-care tools and strategies to prevent or reduce the severity of such incidents. All will create pre and post crisis plans.

- **Groups on community involvement**, including educational sessions on community resources, advocacy groups, landlord/tenant issues, and trainings on utilizing public transportation.
- **Groups on recovery** utilizing the Recovery Workbook created by the Boston Center for Psychiatric Rehabilitation.
- **Socialization and leisure activities** to increase psychosocial skills, including potlucks, Cooking groups, movie nights and holiday parties.
- **Functional literacy groups** to develop the necessary reading, writing and math skills to function independently.

Peer Support Specialists will predominantly conduct these groups under the supervision of professional staff.

**Individual one-on-one activities with residents will include:**

- On-site case managements, as well as close communication with SAIL case manager
- Ongoing support and direction as needed
- Assistance in establishing personal goals.
- Feedback on recovery.
- Developing independent living skills, including cleaning, meal planning and preparation, laundry, budgeting, shopping and bill paying.
- Ensuring adequate/appropriate nutrition and personal hygiene

Skill development is based on daily use of existing skills, developing new skills and learning how to problem solve

Individuals will also be assisted in maintaining their wellness with staff supervising an exercise and health education program offered in United House's Wellness Center. Computer skills will be taught in the United House Business Center.

Peer Support Specialists are required to have daily contact with each resident and communicate issues or concerns to other Peer Support Specialists and professional staff via a computerized log. In addition, charts with medical histories and other pertinent information are kept on each resident. Staff will carry an on-call phone.

Residents will be involved in the program planning and implementation. Weekly resident meetings will be held to facilitate communication and promote needed changes.



### **Non-Billable Activities**

Completion of annual leases and documentation for tax credits.

### **Required Documentation**

Tenant files must be maintained according to all HUD and WHEDA standards.

### **Expected Outputs**

- Consumers will maintain their supportive housing placement
- All BHD units will remain occupied
- Consumers will improve in accomplishing their activities of daily living (ADL).
- Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

### **Expected Outcomes**

1. At least 80% of consumers will successfully complete a year lease at United House.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

### **Indicators**

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

### **Expected Levels of Outcome Achievement**

1. At least 80% of consumers will successfully complete a year lease at United House.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

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## HOPE HOUSE – JOHNSTON CENTER RESIDENCES

### Program H-009

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#### **Program Purpose**

Hope House will provide case management services to residents of Johnston Center Residences that are involved with the Shelter Plus Care program. These services will assist individuals with maintaining permanent housing and ensuring tenants are meeting the requirements of HUD to remain eligible for assistance.

#### **Required Program Inputs, Processes, and Program Activities**

Service will focus on four areas:

- 1) **Resident Identification and Outreach:** Engage clients that meet HUD's chronic homeless, S+C disability and/or Section 8 guidelines, and/or Milwaukee County Behavioral Health Division's eligibility criteria.
- 2) **Intake:** Gather personal data and history; determine preliminary eligibility based on program guidelines and referral to property management for completion of the approval process. Hope House staff will work closely with Mercy Housing Lakefront and Milwaukee County's Division of Housing to pre-qualify candidates prior to the final approval and rental agreement process. Once residents are approved as qualified and move into their apartments, case management will assess residents' current and potential strengths, weaknesses, and needs.
- 3) **Case Plan Development:** Develop a specific, comprehensive, individualized service plan that will be formally reviewed twice annually.
- 4) **Delivery of Services:**

Direct Service:

- Maintain the resident/staff working relationship, mentoring, crisis intervention and system advocacy. Staff will also attempt to ensure that residents follow the rental and programming agreement.
- Outreach/organizing to build a strong internal community and connection to the surrounding neighborhood.
- Potential provision of healthcare services and other tenant services will be explored.
- Referral or transfer of residents to eligible benefits, services, treatments, and informal support systems.

- Intercession on behalf of residents to ensure equity and appropriate services.

#### Potential Services

- Onsite mental health assessment and counseling.
- Targeted health care and medical social services.
- Education and personal enrichment opportunities.
- Emergency food distribution and effective nutritional improvement strategies.
- Coordination of the client information database, Service Point, for Milwaukee's Continuum of Care.

#### **Non-Billable Activities**

Completion of annual leases and documentation for tax credits.

#### **Required Documentation**

Tenant files must be maintained according to all HUD and WHEDA standards.

#### **Expected Outputs**

1. At least 80% of consumers will successfully complete a year lease at United House.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

#### **Expected Outcomes**

1. Consumers will maintain their supportive housing placement
2. All BHD units will remain occupied
3. Consumers will improve in accomplishing their activities of daily living (ADL).
4. Consumers will show a decrease in mental health symptoms and relapse with substance abuse.

#### **Indicators**

1. Percentage of consumers completing leases
2. Percentage of units occupied
3. Percentage of consumers improvement with ADLs
4. Percentage of symptom management improvement

### **Expected Levels of Outcome Achievement**

1. At least 80% of consumers will successfully complete a year lease at Prairie Apartments.
2. 100% of units reserved for BHD consumers will remain occupied, allowing one month for the turnover of units.
3. 70% of consumers will show an improvement in ADLs.
4. 70% of consumers will show a decrease in mental health symptoms or relapse from substance abuse.

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## **TRANSITIONAL HOUSING PROGRAM MANAGEMENT**

### **Program H-001**

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#### **Program Purpose**

The Transitional Housing Program (THP) is designed to assist the Milwaukee County Mental Health Complex inpatient units to discharge individuals who are psychiatrically stable and appropriate for independent community housing placement. There is a need to provide temporary housing for individuals ready for discharge as a plan is put together for a permanent housing location. This program will impact the inpatient census crisis by providing transitional housing to individuals who are SAIL eligible for case management services. The goal of the program is to provide safe and temporary housing until permanent housing is found with assistance from BHD case management. Program outcomes are achieved by supporting the residents in their housing search and by assisting the consumers with obtaining income that would support them in permanent housing.

#### **Staffing**

The provider will have experience serving homeless individuals who have a serious and persistent mental illness. The program will provide a resident manager and a case coordinator to provide full coverage of the program.

#### **Required Program Inputs, Processes, and Program Activities**

The service provides a single room occupancy for seven individuals who have been discharged from the inpatient service. The program provides service coordination with Milwaukee County BHD case managers and provides 24/7 security through resident managers.

#### **Non-Billable Activities**

Submit necessary documents to ensure proper zoning and occupancy per City of Milwaukee municipal codes.

#### **Required Documentation**

Daily activity logs and individual case files must be maintained at the site. Resident case records maintained by the agency shall include daily attendance logs. Client files must demonstrate coordination with the assigned case manager.

### **Expected Outputs**

- Number of referrals
- Number of consumers in housing
- Number of benefit applications opened
- Number of consumers finding permanent housing

### **Expected Outcomes**

1. Residents have safe temporary housing
2. Residents remain connected with their BHD Case Manager
3. Residents will participate in activities that are available
4. Residents will work with staff to find appropriate housing

### **Indicators**

1. Percent of residents having safe temporary housing
2. Percent of residents remaining connected with their BHD Case Manager
3. Percent of residents participating in activities that are available
4. Percent of Residents working with staff to find appropriate housing

### **Expected Levels of Outcome Achievement**

1. *100% of residents have safe housing*
2. *100% of residents are connected to their Case Manager*
3. *40% of residents will participate in offered services*
4. *80% or residents will move to permanent housing upon discharge*

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## RESIDENT MANAGEMENT AT HILLVIEW

### Program H-006

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#### **Program Purpose**

The Resident Management program provides housing management services for persons living at West Samaria and a serious and persistent mental illness. The residents of Hillview are either involved in programming with Milwaukee County BHD or with Community Advocates. The Resident Management program provides individuals with an increased level of service, assistance, and supervision than what would normally be offered in this type of housing setting to enhance recovery. Many of the individuals in this program have extensive histories of homelessness as well as impaired daily living skills and Resident Management would assist these individuals in these areas. Integral to the program of resident management is a collaborative approach among three other partners: BHD, Community Advocates and the landlord. Administrative staff from each entity will conduct staff meetings to ensure the quality of the program.

#### **Required Program Inputs, Processes, and Program Activities**

##### Resident Management Duties

- On-site supervision  
Duties include communicating with each resident daily to evaluate their safety and general well being as well as promoting positive behaviors and striving to create an environment which supports recovery
- Promotion of appropriate activities of daily living  
Duties include encouragement with personal hygiene, laundering of clothing and room cleanliness. Medication adherence will be encouraged and proper nutrition fostered. The staff will also support residents in keeping appointments and in engaging in appropriate activities outside of the building.
- Provision of linkages and communication with residents respective case managers

**Duties include participating in treatment planning with case managers as well as notifying case managers of changes in behavior of residents.**

### **Non-Billable Activities**

*Coordinating services with the landlord to ensure maintenance is completed in a timely fashion.*

### **Required Documentation**

*Daily activity logs and individual case files must be maintained at the site. Resident case records maintained by the agency shall include daily attendance logs. Client files must demonstrate coordination with the assigned case manager.*

### **Expected Outputs**

- *28 daily welfare contacts*
- *Daily assistance for 2 clients for ADL's*
- *48 weekly staff meetings*
- *28 recovery plans 12 educational sessions*
- *Weekly groups and social events*

### **Expected Outcomes**

1. Residents have safe and temporary housing
2. Residents will be satisfied with their housing and case management
3. Residents will participate in activities that are available

### **Indicators**

1. Percent of residents who have safe housing
2. Percent of residents that are satisfied with their housing and case management
3. Percent of residents that participate in activities

### **Expected Levels of Outcome Achievement**

1. 100% of residents have safe housing
2. 80% of residents are satisfied with the housing and case management they receive
3. 40% of residents participate in activities



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## **SUPPORTED APARTMENT PROGRAM**

### **Program H-002**

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#### **Program Purpose**

The Supported Apartment Program provides services to persons having a serious and persistent mental illness with a living environment that provides the support necessary for an individual to live as independently as possible in an apartment setting. The Supported Apartments are fully furnished including appliances.

#### **Required Program Inputs, Processes, and Program Activities**

Services provided by the Supported Apartment Program will include collaborating with the Case Manager to encourage the consumer to work towards their treatment goals, provide prompts to complete activities of daily living including cooking, attendance at day programs, social support including recreational activities and community meals, and medication education and symptom management. The Supported Apartment Program facility staff in conjunction will provide these services with other members of the consumer's support network. Consumers living at the Supported Apartment Program are expected to pay a monthly rent.

Enrollment into a Supported Apartment Program is implemented through a referral from the Behavioral Health Division's Services Access to Independent Living (SAIL) Unit. The SAIL Unit will assess the need for a supported apartment and make referrals to contract service providers. When a consumer is in an acute care setting, the supported apartment provider agency will do a face-to-face assessment within 72 hours after receipt of the referral packet from SAIL.

#### **ADMISSION POLICY**

It is the policy of the Milwaukee County Housing Division that individuals referred for Supported Apartment Placement by the Housing Division will have an evaluation completed and a decision regarding admission will be reported to the Housing Division through a SAIL Prior Authorization form with seven business days of receipt of that referral.

#### **PROGRAM INPATIENT CONTACT POLICY**

It is the policy of BHD that when a Supported Apartment Program resident is admitted to a psychiatric inpatient unit, the Supported Apartment Program Manager responsible for that client must contact the appropriate inpatient team within one business day of the admission in order to assist in the development of a plan of discharge.

### **Non-Billable Activities**

Participation on various mental health and housing related committees and membership on community groups

### **Required Documentation**

Resident case records maintained by the agency shall include daily attendance logs. Client files must demonstrate coordination with the assigned case manager.

### **Expected Outputs**

- Symptom management and mentoring of daily living for optimal effectiveness and low levels of relapse
- Each consumer will have a completed financial profile to include a monthly budget and identification of money management skills
- Consumers medical needs will be identified
- Assist and support consumers in keeping safe housing
- Consumers will have a community living plan that addresses future housing needs
- Consumers participate in their own treatment planning process

### **Expected Outcomes**

1. Consumers will attain an optimal level of living skills to reduce and manage symptoms
2. Consumers will have a financial profile indicating income and benefits along with a monthly budget
3. Medical issues will be incorporated in every treatment plan
4. Consumers will move into permanent housing upon completion of the program
5. Consumers will retain permanent housing
6. Consumers will achieve a level of recovery that allows for a decrease in crisis services.

### **Indicators**

1. Percentage of consumers will demonstrate reduced symptoms and side effects
2. Percentage of consumers will have a financial profile and budget
3. Percentage of treatment plans with medical issues incorporated
4. Percentage of consumers moving into independent permanent housing
5. Percentage of consumers who retain permanent housing
6. Percentage of consumers seen at PCS with decreasing frequency

### **Expected Levels of Outcome Achievement**

1. 80% of consumers will demonstrate reduced symptoms and side effects
2. 100% of consumers will have a financial profile and budget
3. 100% of consumers will have treatment plans that include medical issues
4. 70% of consumers will move into independent permanent housing upon discharge from the program
5. 70% of consumers will successfully retain permanent housing one year after completion of the program
6. 70% of consumers will have decreased contact with PCS during the program period

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## Management Services Division

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<b>FOLLOWING PROGRAMS NOT OPEN FOR COMPETITIVE PROPOSAL</b>
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The Management Services Division has multi-year program contract cycles. **All agencies that are in the second or third year of a multi-year contract cycle in 2010 are not open for competitive proposals.** Agencies that are currently in a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, the Authorization To File (Item 3), **plus the semiannual evaluation report** as found in the Application Contents section of the *Purchase of Service Guidelines - Technical Requirement*. **The following programs, previously administered by the Economic Support Division, are currently in a multi-year contract cycle. These program descriptions are being provided for the information of the current contractors:**

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### WISCONSIN HOME ENERGY ASSISTANCE PROGRAM

**MSD003**

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#### **Program Purpose**

The Wisconsin Home Energy Assistance Program (WHEAP) administers the federally funded Low Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. LIHEAP and its related services help over 100,000 Wisconsin households annually. In addition to regular heating and electric assistance, specialized services include:

- Emergency fuel assistance,
- Counseling for energy conservation and energy budgets,
- Pro-active co payment plans,
- Targeted outreach services

The program is divided into four different areas:

#### **HEATING ASSISTANCE**

WHEAP heating assistance is a one-time benefit payment per heating season (October 1 through May 15). It is intended to help pay a portion of a household's heating costs, not the entire annual cost of heating a home.

The amount of heating assistance benefit depends on the household's size, income and heating costs. In most cases the heating assistance benefit is applied directly to the household's bill with the fuel supplier.

#### **ELECTRIC ASSISTANCE**

WHEAP electric assistance is a one-time benefit payment per heating season to eligible households. It is intended to help pay a portion of a household's electrical costs.

The amount of the electrical assistance benefit depends on the household's size, income, and electric costs. In most cases the electrical assistance benefit is applied directly to the household's electric account.

#### **CRISIS ASSISTANCE**

A household may be eligible for crisis assistance if it has no heat, received a disconnect notice from its heating fuel dealer, if it is nearly out of heating fuel and does not have any way to pay for its heating needs, or if a heating emergency can be avoided. WHEAP crisis assistance provides both emergency and proactive services.

Emergency services may help a household during the heating season from October 1 through May 15. These services can include the purchasing of heating fuel, providing a warm place for a household to stay for a few days, or needed furnace repair or replacement.

Proactive WHEAP services are available through the entire year to avoid future emergencies. Proactive services include training and information on how to reduce fuel costs, counseling on money management, providing payments to fuel suppliers when a household agrees to a co-payment, and other actions to help avoid future emergencies.

#### **OUTREACH**

Outreach services attempt to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six or persons working at low-wage jobs.

### **Required Program Inputs, Processes, and Program Activities**

#### **HEATING ASSISTANCE/ELECTRIC ASSISTANCE**

##### **Eligibility Determination**

- a. Verify application information and supporting documents and certify the application is accurate.
- b. Enter applications into the energy system within 30 days of the application
- c. All applications need to be entered in chronological (date) order. Applications will be paid on first chronological application taken.
- d. Applications should be complete, unless applicant withdraws or fails to provide required information.

- e. Resolve application and check issuance problems.
- f. If the applicant is an employee of the vendor or a relative or household member of a vendor employee, the person certifying/entering the application must be at the level of supervisor or higher.

## **CRISIS ASSISTANCE**

Provide emergency and pro-active crisis services to assist clients with home energy costs.

Crisis services include but are not limited to the following:

- a. Respond to requests for emergency assistance within 48 hours of receiving the request.
- b. If a situation is life threatening, respond within 18 hours of receiving the request
- c. Provide emergency services during the heating season.
- d. Provide pro-active services year-round.

Based on information gained in operating the program in the first half of 2009, the vendor shall assist Milwaukee County to develop a "Crisis Plan" to guide in managing funds and distributing benefits and services in the following year. The plan must be submitted to Milwaukee County two weeks prior to the date it is due to the state.

## **OUTREACH**

Activities include informing potentially eligible persons about WHEAP, encouraging them to apply, and assisting them with the submission of an application. This can be done via home visits, site visits, or group meetings.

Other activities may include distributing posters, flyers or other informational material; providing information on eligibility criteria and application sites to the local media; producing and mailing information to potentially eligible persons, ensuring that the State of WI Dept. of Administration, Home Energy Plus Program is referenced on any published material.

## **Fixed income Cases**

Contact fixed income households who have received energy assistance during the prior year and complete the abbreviated application form with signature page.

## **OTHER**

### **Staffing**

Staffing must be adequate, both in terms of numbers and experience and training, to provide the following:

- a. Program information year-round on both Home Energy Assistance and Crisis Assistance
- b. Ability to take applications throughout the calendar year to assist clients with home energy needs.
- c. Outreach activities throughout the calendar year.
- d. Crisis Emergency Services during the heating season.
- e. Crisis Proactive Services year-round.

The vendor will demonstrate the ability to provide the appropriate number of managerial and supervisory staff with appropriate knowledge and experience to adequately manage the program.

During the energy season, in coordination with Milwaukee County, vendor must incorporate into their Crisis Client Services Plan, the placement of four (subject to decrease) Milwaukee County energy employees. These employees will be compensated in full (salary & benefits) by Milwaukee County and do not need to be included in the vendor's budget worksheets. The vendor must indicate how these Milwaukee County energy workers will be used, and at what location. The vendor is not responsible for placement of Milwaukee County energy workers during the off-season.

### **Records**

Milwaukee County will maintain a record management system that retains applications and supporting documents for a period of five years from the date the application is submitted. It is the responsibility of the vendor to send a vendor employee to Milwaukee County during the first five business days of every month to file energy records from the previous month in the Milwaukee County energy file storage room:

- a. Files on all Applicants including signed and certified application form(s) DOA-9549.
- b. If the application is completed interactively, the client signature form must be in the client's file.
- c. All records associated with the Quality Assurance/Quality Control requirements in Chapter 7 of the Wisconsin Home Energy Assistance Program – Program and Operations Manual.
- d. Electronic files of the following are maintained on the WHEAP System:
  - Registered fuel suppliers
  - Weekly check registers for payments through the heating, public benefits and crisis programs.

### **Fraud**

If fraud is suspected, collect all information available about the case. Present this to the authority in Milwaukee County who handles fraud cases.

The vendor must provide access to energy assistance in at multiple sites dispersed throughout Milwaukee County.

The vendor must offer non-English language/culturally competent programs as required by the Milwaukee County resident population.

### **Coordination**

Coordinate with other local agencies serving low-income persons, especially those providing energy related services. This includes, but is not limited to, community action agencies, weatherization agencies, agencies on aging, social security offices, housing authorities, and special purpose agencies providing energy assistance.

In cooperation with Milwaukee County, prepare a local coordination plan to be submitted to the state by the first of September.

Coordinate services with utility programs that provide services to low-income persons.

Coordinate with registered fuel suppliers.

### **Fair Hearings**

The client has the right to apply for Energy Assistance benefits and to receive a payment of a letter of explanation within 45 days from the date the client completes the application process. If the client believes his/her application has been incorrectly denied or his/her payment is incorrect, the client may request a fair hearing by contacting Milwaukee County Economic Support Division or by writing to:

Wisconsin Department of Administration  
Division of Hearing and Appeals  
PO Box 7875  
Madison, WI 53707-7875

If the client believes he/she has been discriminated against in any way, the client may file a complaint by contacting the 504 Coordinator at Milwaukee County or any person authorized by the Milwaukee County to receive discrimination complaints. The law prohibits discrimination based on: race, color, national origin, sex, age or disability.

The vendor will receive any and all client discrimination complaints brought to the attention of any of their staff at any of their locations and forward them to Milwaukee County. The vendor will also assist Milwaukee County in the resolution of fair hearing complaints prior to a fair hearing occurring. In the event that resolution does not occur, the vendor will assist Milwaukee County in preparing for the fair hearing and will have the appropriate staff present at the hearing.

### **Required Program Documentation**

#### **GENERAL**

The vendor must provide the following information to Milwaukee County and the state:

1. Name, address, phone numbers and e-mail addresses of persons responsible for administration and operation of the various components of the program.
2. Address(s) and telephone number(s) for client contacts and for computer-generated client notification letters.
3. Other general information that may be requested by Milwaukee County or the state relative to the administration of the program.

Any changes to the above information must be submitted by email to Milwaukee County and the state.

#### **OUT-OF-STATE TRAVEL COSTS**

If the vendor wishes to have staff attend out of state conferences or training, they must obtain prior approval from Milwaukee County. The vendor must submit a request at least six weeks in advance identifying the staff person(s) they wish to send and a justification for their attendance. The justification must include estimated total costs, reference to the specific workshops/programs they plan to attend and an explanation of how this knowledge will contribute to the agency's performance or quality of work.



## **CRISIS ASSISTANCE**

Agencies must document staff time spent providing the service. The documentation is to include:

1. name(s) of staff person(s) providing the service;
2. case name(s) & case number(s) of eligible household(s) receiving the service;
3. type of assistance provided;
4. date and amount of time spent by staff person(s) to provide the service. This documentation may be provided by a formula that calculates the number of applications received by an average time required per application;
5. monthly calendar showing when pro-active training and information sessions are scheduled to be held, as well as the location, title of training, and completed sign-in sheet for each one.

## **OUTREACH**

Documentation must include:

1. Name(s) of staff person(s) providing outreach activities
2. Type of outreach provided
3. Dates and amounts of time spent by staff person(s) to provide outreach services

## **Expected Outputs**

### **GENERAL**

Assure that all potentially eligible applicants for LIHEAP have the opportunity to apply for energy assistance.

Accurately enter all verified client application information into the WHEAP System for eligibility determination and processing of payments.

All aspects of the program will be conducted in accord with federal, state, and local laws, rules and guidelines.

Vendor will meet with Milwaukee County staff as needed to discuss program and performance standards.

Vendor will participate in a six month and 12 month review of contract accomplishments with Milwaukee County.

All reporting is accomplished on a consistent and timely basis.

Vendor will cooperate with any special reports, training and/or evaluation activities as required by Milwaukee County.

### **CRISIS CLIENT SERVICES**

Funding under this category is expected to cover the costs of an average of 12 workshops per month and associated case management. Development of a curriculum for the use of training and education of clients related to the provision of emergency or pro-active services.

Development for distribution a flyer listing all the energy sites, inclusive of address, phone number, and hours of operation.

## **OUTREACH**

Completion of the Fixed Income list and visits to the senior centers/housing sites by the start of the Energy Season.

### **Expected Outcomes**

100% of all potentially eligible clients have had the opportunity to apply for energy assistance.

100% of crisis assistance applicants have been scheduled for an energy training/workshop, in accordance with policy outlined in the Crisis Plan.

100% of requests for emergency assistance are responded to within 48 hrs of receipt.

100% of requests made in a life-threatening situation are responded to within 18 hrs of receipt.

100% of cases on the Fixed Income list have had calls for phone applications attempted by the start of the energy season.

100% of the senior center/housing sites have been visited and applications taken prior to the start of the energy season.

### **Use of Funds**

#### **4. LIHEAP General Operations tentative budget: \$601,787**

Administrative funds may be used to pay the cost of WHEAP staff and associated costs.

##### **a. Allowable Costs Include:**

- Staff time to accept and process applications throughout the calendar year.
- Verifying application information
- Processing applications, including entering data into the energy system.
- Processing benefit payments and denial letters
- Other costs not covered by crisis assistance or outreach funds.

##### **b. Administrative Activities:**

- Supervisor and coordinator salary and fringe
- Travel for meetings and training
- Clerical support salary and fringe
- Supplies, services and equipment
- Indirect program charges

##### **c. Out of State Travel Costs:**

If the vendor wishes to have staff attend out of state conferences or training, they must obtain prior approval from Milwaukee County. The vendor must submit a request at least six weeks in advance identifying the staff person(s) they wish to send and a justification for their attendance. The justification must include estimated total costs, reference to the specific workshops/programs they plan to

attend and an explanation of how this knowledge will contribute to the agency's performance or quality of work.

2. **Public Benefits Operations tentative budget: \$389,827**

Public Benefit Operations should be used for costs of services associated with processing non-heating energy benefits.

a. Allowable Costs Include:

- Staff time to accept and process applications throughout the calendar year
- Verifying application information
- Processing applications, including entering data into the energy system
- Processing benefit payments and denial letters
- Other costs not covered by crisis assistance or outreach funds

NOTE: Administrative activities may NOT be charged to Public Benefit Operations

3. **LIHEAP Crisis Client Services tentative budget: \$833,395**

The vendor may charge to LIHEAP Crisis Assistance funds the cost of staff salaries, fringe benefits, travel associated with providing crisis services and other costs directly related to providing crisis services.

When charging staff costs to LIHEAP Crisis Assistance funds, agencies must document staff time spent providing crisis services to clients.

Documentation must include:

- The name(s) of staff person(s) providing the service
- Case names(s) and case Numbers(s) of eligible household(s) receiving the service
- Type of assistance provided
- Date and amount of time spent by staff person(s) to provide the service.

Non-staff costs may also be charged to Crisis Assistance funds, including educational or informational materials or services provided to clients. These costs must be directly related to the provision of emergency or pro-active services to eligible households.

All non-staff costs require documentation to include:

- Description of item or service provided
- Why the item or service is needed, including how it is used such as weatherization kits, blankets etc.
- Date and cost of item or service

NOTE: Administrative activities may NOT be charged to LIHEAP Crisis Services.

4. **Outreach tentative budget: \$345,986**

Agencies may charge to Outreach the cost of staff salaries, fringe benefits and travel associated with staff time spent on outreach activities. Agencies must document the use of outreach funds in one of the following ways:

- Job Descriptions. These must clearly state that the person will be performing outreach activities for a specific portion of their time, e.g., 100%, 50%, etc.

Agencies may then charge the appropriate percentage of the staff costs, including support costs to outreach.

- Documentation of Outreach Activities Performed.

Documentation must include:

- Name(s) of staff person(s) providing outreach activities
- Type of outreach provided
- Dates and amounts of time spent by staff person(s) to provide outreach services

Outreach activities include but are not limited to:

- Providing energy information to potentially eligible groups or individuals through home visits, site visits, group meetings, etc.
- Distributing posters, flyers or other informational material when available to potentially eligible persons
- Providing information on eligibility criteria, application sites, etc. to local media
- Producing and mailing information to potentially eligible persons, ensuring that the State of Wisconsin, Department of Administration, Home Energy Assistance Program is referenced on any published material.
- Coordinating with other local program offices servicing persons in targeted low-income groups, including arranging for WHEAP information and/or application intake to be provided in conjunction with other programs.

Note: Administrative activities may NOT be charged to Outreach.

5. Public Benefits Crisis Client Services

When funding is made available, the use is the same as for LIHEAP Crisis Client Services. Additionally, these funds may be only used for those clients whose electric utility participates in the State Public Benefits program.

Note: Administrative activities may NOT be charged to Public Benefit Crisis Client Services.

6. Crisis Benefits

Crisis Benefit allocations (LIHEAP and Public Benefits) are not included in the contract budget because they are tracked on the WHEAP system. The state makes crisis allocations to each WHEAP agency which usually include two parts, Crisis Client Services funds and Crisis Benefit funds.

7. Budget Transfers

Transfers of funds from one budget line to another are not allowed, except as detailed below.

The vendor may request to transfer funds from LIHEAP Crisis Services to LIHEAP Crisis benefits. The vendor may request to transfer funds from Public Benefit Crisis Services to Public Benefits Crisis Benefits. All requests to transfer funds must be in writing, email is acceptable, and approved by Milwaukee County.

8. Lobbying Restrictions

WHEAP funds may **not** be used to influence federal contracting nor financial transactions. This restriction includes, but is not limited to the following activities:

- The vendor may not use federal funds (including LIHEAP) to pay a person(s) to lobby on their behalf with the Executive or Legislative Branch in connection with the award of a specific contract, grant or loan.
- The vendor must file with the US Department of Health and Human Services an annual statement certifying that they will abide by these restrictions.
- The web site for form for vendor to disclose lobbying activities:  
<http://www.whitehouse.gov/omb/grants/sflllin.pdf>.

The vendor must disclose any payments made to a person(s) lobbying, as defined above, even if no federal funds are used to make the payment.

### **Reporting Requirements**

Vendor will provide a monthly activity report, due the 7<sup>th</sup> of each month. Each monthly report must include the following:

- Number of households requesting service in the previous month by type of service
- Number of households approved for service in the previous month by type of service
- Total benefits provided in the previous month
- Number of non-English speaking households served by language
- Year-to-date figures should also be provided on the above categories

Semi-annual evaluation report must be submitted to include the format and content specified in the Purchase of Service Guidelines, Technical Requirements.

Vendor will provide a final report, due the 15<sup>th</sup> of January 2010.

Vendor will cooperate with any other special reports and/or evaluation activities as requested by Milwaukee County.

### **Milwaukee County Responsibilities**

- Milwaukee County will forward to the vendor all documents and messages (including electronic messages) from the state
- State/federal forms, pamphlets and other material from the state will be forwarded to the main office of the vendor, when received by Milwaukee County.
- Milwaukee County will provide assistance to the vendor to verify required income information through the CARES system.
- Milwaukee County will provide assistance to the vendor in verifying Social Security and SSI income through TPQY (Third Party Query).
- Milwaukee County will provide assistance to the vendor in verifying TANF/W2 income and other Income Maintenance program documentation.
- Milwaukee County will provide procedures to the vendor for applicants to use in applying for SSNs.

Milwaukee County will provide procedures to the vendor for verification of Alien status through INS.

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## COMMUNITY INFORMATION LINE (211) MSD 004

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### **Program Purpose**

Maintain 2-1-1 and provide information and referral assistance 24 hours/7 days a week to all customers who call, including non-English speaking and hearing impaired individuals.

### **Required Inputs**

Staff must receive training in the following areas: AODA and disability services, entitlement programs, family related issues, and health concerns. Staff must have knowledge of a wide-range of social service resources.

Agency must have on staff individuals who are certified Information and Referral Specialists via the Alliance of Information and Referral Systems.

### **Required Documentation**

Semi-annual evaluation reports must be submitted to include the format and content specified in the *Purchase of Service Guidelines, Technical Requirements*.

### **Expected Outcomes & Indicators**

With amount tentatively allocated to this program, handle approximately 360 calls per month providing information and referrals to individuals needing assistance with income maintenance programs including Food Share, BadgerCare, Medicaid, non-W2 Childcare and Energy Assistance.

At the conclusion of each call, 90% of all customers will know their next step or have a plan of action in place.

Via a customer satisfaction survey, 60% of customers contacted will indicate they followed through with the next step of their action plan.

90% of customers will indicate they were satisfied with the service they received.

### **Reimbursement**

Reimbursement is based on actual program expenses and paid monthly. Monthly reimbursement will be limited to a cumulative 1/12 of the yearly Milwaukee County approved contract allocation. Annual reimbursements may not exceed actual program expenses or the total contract allocation. A program specific Revenue and Expense Statement must be submitted following the end of each calendar month according to Milwaukee County DHHS policy.

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 6:**

**AUDIT AND REPORTING**

## 6. AUDIT AND REPORTING

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**For Master Chart of Accounts see Contract Administration web site at:**

<http://county.milwaukee.org/RFPInformation111327.htm>



## INTRODUCTION

Welcome to the Year 2010 Request for Proposal (RFP) process. The technical requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health, Delinquency and Court Services, Disability Services, Management Services and Housing Divisions. The programs for purchase are described in the *Year 2010 Purchase of Service Guidelines: Program Requirements*.

The Audit and Reporting Requirements are organized into three (3) separate sections, each of which explain various audit and reporting requirements along with the format of schedules and forms to use for billing, annual audit and audit waiver requests. The relevant instructions, format and forms are included in each respective section. Forms can also be found on the Contract Administration web page at:

<http://county.milwaukee.org/RFPInformation111327.htm>

The sections are:

Section 6.1: Monthly Purchase of Service Contract Billing Forms

Section 6.2: Annual Audit Requirements

Section 6.3: Required Annual Audit Schedules

To receive information or assistance, please contact the following persons:

Dennis Buesing, CPA, Contract Administrator (414) 289-5853

Sumanish K Kalia, CPA, Contract Administration (414) 289-6757

James Sponholz, Contract Administration (414) 289-5778

## **INSTRUCTIONS, FORMS and SCHEDULES**

### **SECTION 6.1: MONTHLY PURCHASE OF SERVICE CONTRACT BILLING FORMS**

Monthly billing instructions  
Monthly billing forms

## Milwaukee County Department of Health and Human Services (DHHS)

### Billing Instructions

- 1 Please enter one Program per Exhibit 1 per spread sheet/ "Expense Statement". DO NOT combine Programs. Some program may have multiple services.**
- 2 Data can be entered in "grayed" cells ONLY.**
  - Choose month from drop down box on the "Exp" tab.
  - Enter Agency/Program information on the "Exp" tab which will populate the same data fields on the "Rev" and other tabs.
  - For expenses, enter data on "Exp-Details" Tab **ONLY** and it will automatically populate the "EXP" Tab fields.
  - For Revenue, enter data on "Rev" Tab **ONLY** and it will automatically populate the respective field in other forms.
- 3 For "EXP" Tab; please select the starting and ending month of the contract from the drop down menu.**  
**Also select the type of reimbursement i.e. Final or Partial from the drop down menu.**  
**It will be a partial reimbursement every month except when it is a final invoice.**  
**For every month Please also select whether the Expenses being claimed are Actual or Estimated.**
- 4 All amounts must be rounded to the nearest whole dollar.**
- 5 Any prior period adjustments must be made in the current month.**
  - **DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.**
  - Footnote any prior period adjustments on the current month report on the "Exp-Details" Tab in Comment Box
- 6 INCREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS POSITIVE NUMBERS.**
- 7 DECREASES IN REVENUES AND EXPENSES MUST BE ENTERED AS NEGATIVE NUMBERS.**
- 8 If you report units, Please enter the rates and units on the "Units" TAB only, even though your agency may have only one type of service and one rate only. DO NOT enter any units on "EXP" TAB it will be automatically calculated and entered on the "Exp" TAB. Please also select the unit type from the drop down menu for each unit rate.**
- 9 Please do not enter "Text" or "punctuation marks" in numerical fields or vice versa.**
- 10 Please email the report to [dhhsaccounting@milwcnty.com](mailto:dhhsaccounting@milwcnty.com), the subject line must read : Division, Agency, Program and Month  
example: DSD ABC LLC TCM January 07**
- 11 Equipment Cost for code 8700 includes all Assets for example: Fax Machine, Printer, Copier, Computers, Laptop, Phone systems, Furniture, Chairs, Desks, Sofa, Beds etc**
- 12 Employee Travel has been split into two rows on the "Exp-Details" TAB, one row is for expenses like hotel, meals & related expenses like fares etc. which is linked to the supplementary information to be provided on the "TRAVEL" TAB. The other row is for all other mileage and gas reimbursement being paid to employees to travel locally in Milwaukee Metro area or under employee agreement.**



Month Ending	JANUARY
Certified By	Certified by
Email	Agency Representative email
Phone Number	1234567800

Agency	Agency	Division	BHD
Disability	Disability		
Program	Program		
Contact	Contact		

[illegible]

\* Items must be explained on a separate page or the report will be returned and payment denied.

Email to: [dhsaccounting@milwcnty.com](mailto:dhsaccounting@milwcnty.com) Fax: DHS Accounting @ (414) 289-8574

Mail to: Milwaukee County Department of Health Human Services  
Attn: Fiscal Services  
1220 West Vilet Street Suite 109, Milwaukee, WI 53205

File: 2006 DHHS POS RE Financial Report-revised-For Web final.xls  
Worksheet: Rev  
Printed: 5/8/2006  
Form 162 (Rev 1/23/06)

Milwaukee County Department of Health and Human Services (DHHS)  
Units Report

Agency  
Program

Agency  
Program

Important: Please use county approved units and rates per Exhibit 1 ONLY. If no approved units or rate please fill "0" not N/A.

Details of Units

Service	Approved Budget Units	Approved Unit Rate	January Units	February Units	March Units	April Units	May Units	June Units	July Units	August Units	September Units	October Units	November Units	December Units	Final Units	Year-To-Date Units
U1	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U2	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U3	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U4	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U5	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U6	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U7	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U8	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U9	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U10	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U11	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
U12	TEXT	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**Milwaukee County Department of Health and Human Services (DHHS)  
Detailed Expenses Report**

Account Number	Agency Program	Expense Description	Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.												Year-To-Date Expenses
			January Expenses	February Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	September Expenses	October Expenses	November Expenses	December Expenses	Final Expenses
*7000	Salaries														
7001	Owner/Executive/Officer Salaries														
	Manager's Salaries														
	Others salaries														
*7100	Employee Benefits														
*7200	Payroll Taxes														
*8000	Professional Fees														
8001	Medical & Dental Fees														
8002	Psychological Fees														
8003	Legal Fees														
8004	Rehabilitation & Education Fees														
8005	Development & Public Relations Fees														
8006	Brokerage, Commission, Collection Fee														
8007	Employment Fees														
8008	Audit Fees														
8009	Electronic Data Processing Service Fee														
8010	Other Contract Payments to Consultants														
8011	Talent Fees														
8012	Other Purchased Services														
*8100	Supplies														
*8200	Telephone														
*8300	Postage & Shipping														
*8400	Occupancy														
8401	Office Rent														
8402	Other Bldg. & Parking Lot Rent														
8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)														
8404	Mortgage Interest														
8405	Electricity														
8406	Gas														
8407	Heating Oil														
8408	Water & Sewer														

**Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.**

Page 7 of 12  
Exp-Details (Rev. 1/23/06)



**Important: DO NOT MAKE CHANGES TO MONTHS YOU HAVE ALREADY BILLED.**

6-11

Agency	Agency
Program	Program
<b>List of Equipments/Assets (over \$500) purchased with county funds</b>	

—

[illegible]



## **Section 6.2: Annual Audit Requirements**

- General Requirements

- Milwaukee County DHHS requirements

- Examples of properly or improperly reported schedules

- Audit Waiver

## **SECTION 6.2: ANNUAL AUDIT REQUIREMENTS**

### **6.2.1. General Requirements**

Annual audits of contract agencies receiving \$25,000 or more from Milwaukee County Department of Health and Human Services are required per Wisconsin Statutes, Section 46.036(4)(c). Those audits are to be performed in accordance with the requirements of the Wisconsin *Provider Agency Audit Guide (PAAG)*, 1999 revision issued by Wisconsin Departments of Health and Family Services, Corrections and Workforce Development. The PAAG includes the following audit reports and schedules:

- Auditor's Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- Financial Statements of the Overall Agency.
- Schedule of Expenditures of Federal and State Awards.
- Incorporated Group Home/Child Caring Institution Supplemental Schedule.
- Reserve Supplemental Schedule.
- Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements in Accordance with Governmental Auditing Standards and the Provider Agency Audit Guide.
- Schedule of Prior Year Findings.
- Schedule of Current Year Findings.
- Corrective Action Plan.
- Schedule of Findings and Questioned Costs.

### **6.2.2. Milwaukee County Department of Health and Human Services Requirements**

The allowability of costs is determined by the Federal Allowable Cost Principles found in *O.M.B. Circular A-122* for non-profit agencies and the Code of Federal Regulations *48 CFR part 31* for for-profit entities, and State Allowable Cost Principles found in the *Allowable Cost Policy Manual* issued by the Wisconsin Department of Health and Family Services. Purchase of Service Contracts effective January 1, 2006 and later also limit the allowability of costs based on variance from the approved budget(s).

The annual audit report shall contain a budget variance and reimbursable cost calculation for each program contracted, as identified as a separate line item in Attachment I of the Purchase of Service Contract. Such report shall follow the prescribed format, and determine the budget variance for each line item within the approved budget. Costs allowable under State and Federal Allowable Cost guidelines that exceed the approved budget by the greater of (1) 10% of the specific budget line item or (2) 3% of the total budget amount are deemed unallowable and not reimbursable under this contract. In no event shall the reimbursable amount exceed the contract amount.

An annual audit report in which the Schedule of Program Revenues and Expenses omits information or presents line-item information utilizing classifications not in strict adherence to those found in Budget Form 3 will place the Contractor out of compliance with the contract.

In past years, many auditors have prepared audited financial statements and supplementary schedules with total disregard to the requirements in the contract. This has placed many Contractors in technical non-compliance. Effective with 2006 Purchase of Service Contracts, such deviations from the contract requirements may cause budget variances, resulting in fiscal recoveries owed DHHS that would not be owed if the auditor had complied with the requirements of the contract. **IT IS IMPORTANT THAT YOUR AUDITOR READ THE CONTRACT, THIS SUPPLEMENT, AND AGREE TO ABIDE BY THESE REQUIREMENTS.**

In order to implement these limitations on the allowability of costs, additional schedules are required in your annual audit. These schedules must conform specifically as laid out, and cannot combine individual line items. The line items **must** conform precisely to the line items found in the *Anticipated Program Expenses*, Budget Form 3 for each individual program. A separate schedule must be prepared for each program award. **MULTIPLE PROGRAMS MAY NOT BE COMBINED INTO A SINGLE SUPPLEMENTAL SCHEDULE.**

Audited financial statements and supplementary schedules are the representation of management, not the auditor. Although auditors often prepare the financial statements and schedules on behalf of management, the accuracy and compliance of the financial statements are still the responsibility of management. If auditor prepared supplementary schedules deviate from the required content and level of detail, it is quite possible the Contractor Agency will have unallowable costs and owe money back to Milwaukee County DHHS, simply because of the deficient reports. Please be sure your auditor is aware of the required schedules, their required content and the required level of detail. These schedules are your representation and responsibility; **you are the party responsible for their content and preparation, not your auditor.**

#### **6.2.3. Examples of properly and improperly reported schedules.**

Following are examples of properly and improperly prepared Supplementary Schedules of Program Revenue and Expense. These are all examples of reports based on the same underlying costs. The Contractor Agency in this example spent the contract amount; within allowable budget variance levels, on allowable expenditures, and when the Schedule of Program Revenue and Expense is properly prepared, owes no money back. All of the fiscal recoveries are the result of improperly prepared audit reports.

## EXAMPLES OF PROPERLY AND IMPROPERLY REPORTED SCHEDULES

### Underlying data and assumptions

	Budget	Actual
Wages	\$ 200,000	\$ 210,000
Benefits	50,000	57,000
Payroll Taxes	20,000	21,000
Supplies	1,000	2,000
Occupancy	150,000	140,000
Indirect:		
Payroll	40,000	35,000
Benefits	10,000	7,500
Taxes	4,000	2,500
	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Example 2: Audit report combines Wages, Benefits & Taxes

Example 3: Audit report segregates Benefits as Insurance & Retirement

Example 4: Audit reports Indirect Cost items as direct costs

Schedule of Revenue & Expense	Example 1	Example 2	Example 3	Example 4
Wages	\$ 210,000		\$ 210,000	\$ 245,000
Benefits	57,000			64,500
Benefits - Insurance			40,000	
Benefits - Retirement			17,000	
Payroll Taxes	21,000		21,000	23,500
Wages, Benefits & Taxes		\$ 288,000		
Supplies	2,000	2,000	2,000	2,000
Occupancy	140,000	140,000	140,000	140,000
Indirect Costs	45,000	45,000	45,000	
	\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000

**Example 1: Audit report correctly presented**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	57,000	7,000	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		-			\$ -
	<u>\$ 475,000</u>	<u>\$ 475,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ -</u>			

**Example 2: Audit report combines Wages, Benefits & Taxes**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 288,000	\$ 88,000	\$ 20,000	\$ 68,000
Benefits	50,000	-	(50,000)	14,250	-
Payroll Taxes	20,000	-	(20,000)	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		(68,000)			\$ 68,000
	<u>\$ 475,000</u>	<u>\$ 407,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 68,000</u>			



**Example 3: Audit report segregates Benefits as Insurance & Retirement**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	40,000	(10,000)	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
Unbudgeted Items		17,000	17,000	-	17,000
		475,000			
Disallowed Variance		(17,000)			<u>\$ 17,000</u>
	<u>\$ 475,000</u>	<u>\$ 458,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 17,000</u>			

**Example 4: Audit reports Indirect Cost items as direct costs**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 245,000	\$ 45,000	\$ 20,000	\$ 25,000
Benefits	50,000	64,500	14,500	14,250	250
Payroll Taxes	20,000	23,500	3,500	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000		(54,000)	14,250	-
		475,000			
Disallowed Variance		(25,250)			<u>\$ 25,250</u>
	<u>\$ 475,000</u>	<u>\$ 449,750</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 25,250</u>			

#### **6.2.4. Audit Waiver**

Wisconsin Statute 46.036 requires an audit from providers that receive more than \$25,000 from the Department of Health and Human Services or from a county. The statute allows the department to waive audits on a case-by-case basis. The waiver of the audit may be appropriate in certain circumstances, some of which are given below. The audit waiver criteria don't apply to Group Homes and Child Caring Institutions that provide out of home residential care for children. In addition, audits required under the Single Audit Act Amendment of 1996 cannot be waived (this refers to Single Audits under OMB Circular A-133 for agencies expending more than \$500,000 of federal funding).

If the provider does not need to have a federal audit, the audit may be waived when:

- Provider is identified as a low risk, (Sole Proprietor/ Single member LLC, or with funding around \$100,000, paid on a unit rate, alternative forms of financial reports are submitted, prior experiences, certain CBRF, AFH etc.)
- Provider agency agrees to increased or alternate form of reporting/monitoring efforts,
- Provider is funded solely with federal funds below the \$500,000 threshold,
- Department's funding is a very small part of provider's overall business,
- The audit will create a financial hardship on the provider, (e.g. audit fee more than 5% of funding).
- Audited information is not needed, due to alternate source(s) being available,
- The agency does not operate a Group Home or Child Caring Institution.

As stated earlier, the waiver will be allowed on case-by-case basis. A request for waiver may be submitted to Contract Administration, Department of Health and Human Services on the attached Audit Waiver Request form before the due date of the audit. The form is also available on the web at <http://www.milwaukeecounty.org/Contractmgt15483.htm>. The Audit Waiver Request form may be completed electronically and submitted as an email attachment to [skalia@milwcnty.com](mailto:skalia@milwcnty.com), or faxed to DHHS Contract Administration at (414) 289-8574.

**Agency Name:** Your Agency Name Here

**Contact Person:** Contact Person Name Here **Title:** Title Of Contact Person

**Address:** Address Here

**Phone #:** 414-999-9999

**Fax #** 414-999-9999

**Email:** youremail@here

**AUDIT WAIVER REQUEST**

Dennis Buesing,

Contract Administrator

Milwaukee County Department of Health & Human Services (DHHS)

1220 West Vilet St. Suite 109

Milwaukee, WI 53205

**Re: 2006 Purchase of Services Waiver of Audit Request**

1. **Date of Request:**
2. **Program:** Program (S) Names Here
3. **DHHS Division:** BHD
4. **Total Contract Amount:** \$0.00
5. **Total Amount Earned/payment received:** \$0.00
6. **Reason Audit Waiver is being requested:**

**a. Experience:**

**Number of years in Business:** 0

**Number of year's experience providing these services:** 0

**Number of year's experience providing these services to DHHS:** 0

**Payment Method:** Unit Rate

**Other program reports submitted to DHHS:** Other Program Reports Like Daily Time Sheet

**b. Audit Fee exceed 5% of payments under the contract:**

**Audit Cost:**\$0.00

**Source of estimate:** CPA Firms name, Contact & Phone number

**c. Audit not cost effective or undue burden. Please explain:** Any Other Reason For Audit Being Undue Burden Or Not Cost Effective, Other Reasons Like Single Member Llc, Sole Proprietorship Etc.

7. Alternate Form of Financial Statement/Reports being provided in lieu of certified audit reports (Check all that you could provide)

☐ CPA Compiled ☐ /Reviewed ☐ Internally Generated Financial Statement,  
☐ Statement of Revenue and Expenditure by Program, ☐ Copy of Tax return

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE:**      \_\_\_ Approved      \_\_\_ Denied      Vendor Type: Low Risk/High Risk

Comments/ alternate form of Financial and/or Program compliance monitoring being implemented:

Signature

Date

You can fax or email this form to: Fax (414) 289-8574 Email: skalia@milwcntv.com

**Section 3: Required Annual Audit Schedules**

Schedule of Program Revenue and Expense

Schedule of Revenue and Expense by Funding Source

Schedules Required by Provider Agency Audit Guide

*Schedule of Expenditures of Federal and State Awards*

*Incorporated Group Home/Child Caring Institution Supplemental Schedule*

*Reserve Supplemental Schedule*

*Schedule of Findings and Questioned Costs*

## SECTION 6.3: REQUIRED ANNUAL AUDIT SCHEDULES

### 6.3.1 Schedule of Program Revenue and Expense

Prepare a separate Program Revenue and Expense Schedule for each program contracted. Each program contracted is represented by a separate line item on Exhibit I of the Purchase of Service Contract, and had has a separate Budget Form 3 in the proposal submission. **DO NOT COMBINE MULTIPLE PROGRAMS INTO A SINGLE PROGRAM REVENUE AND EXPENSE SCHEDULE.**

#### Specific Instructions

**Actual.** In the column labeled “Actual”, report the actual costs incurred for the program during 2010 or the fiscal period ending in 2010. Do not include costs unallowable under the allowable costs principles contained in the *Allowable Cost Policy Manual, 1999 revision, O.M.B. Circular A-122 or Code of Federal Regulations 48 CFR part 31*.

**Approved Budget.** In the column labeled “Approved Budget”, report the latest approved budget for the program, as calculated on Budget Forms 3 and 4. If you need to combine information from more than one Form 3 and Form 4 in order to encompass the entire budget for this program, **STOP.** Two or more programs have been combined in the report. The total actual expenses reported in this schedule will be compared to one and only one program budget. **MONEY WILL BE OWED BACK TO MILWAUKEE COUNTY.** Prepare a separate Program Revenue and Expense Schedule for each individual program.

**Variance from Budget.** In the column labeled “Variance From Budget” report the difference between the actual expenses incurred and the approved budget. Actual expenses in excess of the approved budget will be reported as positive amounts; actual expenses less than the approved budget amount will be reported as negatives.

**Revenues.** Report program revenues for all services performed in 2010 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference.

**Expenses.** Report program expenditures for all services performed in 2010 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference. As indicated in the examples previously presented, combination of line items may result in un-allowability of otherwise allowable costs.



**NAME OF AGENCY**  
**Schedule of Program Revenues and Expenses**  
**For the Year Ended December 31, 2XXX**

Program Name : \_\_\_\_\_

	<b>Actual</b>	<b>Approved Budget</b>	<b>Variance from Budget</b>
<b>Revenues:</b>			
DHHS Purchase of Service Contract	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX
<b>Total Revenues</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Expenses:</b>			
Salaries	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX
Supplies	XXX	XXX	XXX
Telephone	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX
<b>Total Expenses</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Net Profit</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Allowable Profit (include calculation)</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Net Profit in excess of Allowable Profit</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>

### 6.3.2 Schedule of Revenue and Expenses by Funding Source

The Schedule of Revenues and Expenses by Funding Source incorporates all revenues and expenses for Milwaukee County DHHS funded programs as well as all other contracts, programs and functions of the Agency.

**Milwaukee County DHHS Funded Programs.** Report the total funding from Milwaukee County DHHS funded programs by Division – Disabilities Services Division (DSD), Delinquency & Court Services Division (DCSD), Management Services Division (MSD), Behavioral Health Division (BHD), and Wraparound Milwaukee and other Fee for Service Networks (e.g. CCSN, Wiser Choice, etc.). It is not necessary to report each individual program separately; however, it is necessary to report programs funded by each of the Divisions separately. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, it must be included here.

**Other Programs.** Report other programs, contracts and functions of the Agency that are not funded by Milwaukee County DHHS. These would include Contracts with and Programs funded by Municipalities, Other Counties, the State of Wisconsin, and other Agencies. If a program is partially funded by Milwaukee County DHHS and partially funded by another source, do not include it here, it must be included under “Milwaukee County DHHS Funded Programs.”

**Indirect Costs.** Report all indirect costs, allocable and unallocable, in this column. **Note**, not all indirect costs are allocable to federal, state, or county funded programs.

**Total Agency.** Sum all the reported revenues and expenses from the previous columns and place the total in the final column. The amounts in the final column should agree with the Agency-wide Statement of Operations or Income Statement.

**Revenues and Expenses.** Please do not alter the line items identified in this Schedule. These line items correspond to the line items in the approved budget upon which the Contract amount and/or rate were based.

**Allocated Costs.** Report the indirect costs allocated to each program or contract in each respective columns. Report the total costs allocated to all the programs as a negative figure in the “Indirect Costs” column. When this row is summed across, the total for this line reported in the “Total Agency” column should be zero.



**NAME OF AGENCY**  
**Schedule of Revenues and Expenses By Funding Source**  
**For the Year Ended December 31, 20XX**

**SCHEDULE OF REVENUES AND EXPENSES BY FUNDING SOURCE**

	Milwaukee County DHHS Funded Programs						Other Programs	Indirect Cost	Total Agency
	DSD	DCSD	ESD	BHD	IPN / FFSN				
<b>Revenues:</b>									
DHHS Purchase of Service Contract	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Total Revenues</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Expenses:</b>									
Salaries	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Supplies	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Telephone	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Occupancy	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Total Expenses</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Net Profit</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Allowable Profit (include calculation)</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Net Profit in excess of Allowable Profit</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX

### **6.3.3 Schedules Required by the Provider Agency Audit Guide**

In addition to the above schedules, the Wisconsin Provider Agency Audit Guide has several required schedules. These schedules are also required to be included in the annual audit report by the Milwaukee County Purchase of Service Contract. Please refer to the Provider Agency Audit Guide for instructions and information regarding each of these schedules.

**6.3.3.1 Schedule of Expenditures of Federal and State Awards.** Follow the format and instructions contained in the *Provider Agency Audit Guide and the Purchase of Service Contract with the Milwaukee County DHHS*. There are differences between the Schedule of Expenditures of Federal Awards required by *O.M.B. Circular A-133* and the Schedule of Expenditures of Federal and State Awards contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*.

**6.3.3.2 Incorporated. Group Home/Child Caring Institution Supplemental Schedule.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. This form includes a calculation of the allowable reserve for Non-profit Agencies. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve schedule at the bottom of the form.

**6.3.3.3 Reserve Supplemental Schedule.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. Non-profit Agencies contracting for services on a prospective unit-rate basis are permitted to retain a reserve under State guidelines. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve supplemental schedule.

**6.3.3.4 Schedule of Findings and Questioned Costs.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. There are differences between the Schedule of Findings and Questioned Costs required by *O.M.B. Circular A-133* and the Schedule of Findings and Questioned Costs for audits performed in accordance with Circular A-133 contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*. Failure to include a Schedule of Findings and Questioned Costs consistent with the *Provider Agency Audit Guide* may result in requesting a properly prepared schedule before accepting the audit. Please refer to *Milwaukee County Department of Health and Human Services Administrative Probation Policy* regarding potential consequences if the audit is not accepted as submitted, and the auditor does not remedy the shortcomings.

## Illustration 7.4 Schedule of Expenditures of Federal and State Awards

### Example Agency Schedule of Expenditures of Federal and State Awards<sup>1</sup> For the Year Ended June 30 19X1

Federal Grantor/Pass-Through Grantor/Program or Cluster Title <u>Expenditures</u>	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal
U.S. Department of Agriculture: Pass-Through Program From: Wisconsin Department of Health and Family Services			
Special Supplemental Food \$350,000	10.557	147071, 147080	
Program for Women, Infants, And Children		& 147156	(Note B) <sup>3</sup>
Total Expenditures of Federal Awards			<u>\$350,000</u>
State Grantor/Program <u>Expenditures</u>		State Identifying Number	State
Wisconsin Department of Health and Family Services:			
GPR Childhood Lead	na	177010	\$85,000
GPR Lead Poisoning	na	177020	<u>\$15,000</u>
Total Expenditures of State Awards			<u>\$100,000</u>

The accompanying notes are an integral part of this schedule.  
(These notes are on the following page.)

1 Additional formats for this schedule are available in the AICPA's Statement of Position 98-3 "Audits of States, Local Governments, and Not-for-Profit Organizations Receiving Federal Awards." Also, some providers prefer other formats for the schedule to better suit their circumstances and the information needs of their report users. Providers can use other formats if they include the elements for this schedule that are listed in Section 7.1.4.

2 Use the Community Aids Reporting System (CARS) profile number, purchase order number, or contract number for the Pass-Through Entity Identifying Number and the State Identifying Number.

3 If federal, state, and local funds are commingled and if the commingled portion cannot be separated to specifically identify the individual funding sources, the total amount should be included in the schedule, with a note describing the commingled nature of the funds.

## Incorporated Group Home/Child Caring Institution Supplemental Schedule

Name of facility, HSRS provider number

Period covered by the audit

1. Total units of service
2. Allowable expenses for rate-based service
  - 2a. Expenses allowable for reimbursement from the IV-E program
  - 2b. Expenses allowable for reimbursement from the XIX program
  - 2c. Other allowable expenses
  - 2d. Allowable expenses for rate-based service (line 2a plus 2b plus 2c)
3. Total revenue for rate-based service
4. Excess (deficiency) revenue over expenses (line 3 less line 2)
5. Total reserve from all prior periods (not including this period)

[illegible]

## Reserve Supplemental Schedule

Name of facility

Period covered by the audit

1. Total units of service
2. Allowable expenses for rate-based service
3. Total revenue for rate-based service
4. Excess (deficiency) revenue over expenses (line 3 less line 2)
5. Total reserve from all prior periods (not including this period)
6. Calculation of reserve and amounts due to purchaser:

[illegible]

## Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

### Example A – An agency-wide audit in accordance with just the *Provider Agency Audit Guide*

#### Example Agency Schedule of Findings and Questioned Costs For the Year Ended June 30 19X1

##### A. Summary of Auditor's Results

##### Financial Statements

- |   |               |
|---|---------------|
| 1. Type of auditors' report issued?   | Unqualified   |
| 2. Internal control over financial reporting:                                   |               |
| a. Material weakness(s) identified?   | No            |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted?                    | No            |

##### B. Financial Statement Findings

No matters were reported

##### C. Other issues

- |  |       |
|--|-------|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?   | No    |
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : |       |
| Department of Health and Family Services   | Yes   |
| Department of Workforce Development  | N/A   |
| Department of Corrections  | N/A   |
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)   | No    |
| 4. Name and signature of partner   | _____ |
| 5. Date of report  | _____ |

## Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

### Example B – An agency-wide audit in accordance with both the *Provider Agency Audit Guide* and OMB Circular A-133

#### Example Agency Schedule of Findings and Questioned Costs For the Year Ended June 30 19X1

#### A. Summary of Auditor's Results

##### Financial Statements

- |   |               |
|---|---------------|
| 1. Type of auditors' report issued?   | Unqualified   |
| 2. Internal control over financial reporting:                                   |               |
| a. Material weakness(s) identified?   | No            |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted?                    | No            |

##### Federal Awards

- |  |                          |           |
|--|--------------------------|-----------|
| 4. Internal control over major programs:   |                          |           |
| a. Material weakness(s) identified?  | No                       |           |
| b. Reportable condition(s) identified not considered to be material weaknesses?                                      | None reported            |           |
| 5. Type of auditor's report issued on compliance for major programs?   | Unqualified              |           |
| 6. Any audit findings discloses that are required to be reported in accordance with Circular A-133, Section .510(a)? | No                       |           |
| 7. Identification of major programs:   | CFDA No.                 | Amount    |
| Special Supplemental Food Program for Women, Infants, and Children   | 10.557                   | \$350,000 |
| 8. Dollar threshold used to distinguish between Type A and Type B programs?  | \$300,000                |           |
| 9. Auditee qualified as low-risk auditee?  | No                       |           |
| <b>B. Financial Statement Findings</b>   | No matters were reported |           |
| <b>C. Federal and State Award Findings and Questioned Costs</b>  | No matters were reported |           |

##### D. Other Issues

- |  |     |
|--|-----|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?   | No  |
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : |     |
| Department of Health and Family Services   | Yes |
| Department of Workforce Development  | N/A |
| Department of Corrections  | N/A |
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)   | No  |
| 4. Name and signature of partner   |     |
| 5. Date of report  |     |





**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 7:**

**FORMS**

## **7. FORMS**

All required forms has been included in the respective sections, except linked budget forms which have been included on the CD and also available for download from Contract Administration website at: <http://www.county.milwaukee.gov/RFPInformation111327.htm>

**BEHAVIORAL HEALTH DIVISION  
DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
MANAGEMENT SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 8:  
APPENDICES**

## **7. APPENDICES**

- Department of Audit Hotline Flyer
- Designation of Confidential and Proprietary Information
- Statement of Deviations and Exceptions



## MILWAUKEE COUNTY GOVERNMENT

# H O T L I N E

**Ph: (414) 93-FRAUD – Fax: (414) 223-1895  
(933-7283)**

**Write: Department of Audit Hotline- 2711 W. Wells St., 9<sup>th</sup> Floor, Milwaukee, WI 53208  
Website: [my.execpc.com/~milcoaud](http://my.execpc.com/~milcoaud)**

**A service of the Milwaukee County Department of Audit**

### **For Reporting:**

- **Concerns over inefficient Milwaukee County government operations**
- **Incidents of fraud or waste in County government**
- **Ideas for improving efficiency and/or effectiveness of services**

**CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES**

### **----- Other Numbers -----**

#### **Milwaukee County:**

<b>Aging - Elder Abuse Helpline</b>	<b>414-289-6874</b>
<b>Child Support - TIPS Hotline (Turn in Parents for Support)</b>	<b>414-278-5222</b>
<b>District Attorney - Consumer Fraud Unit</b>	<b>414-278-4585</b>
<b>Public Integrity Unit</b>	<b>414-278-4645</b>
<b>Mental Health Crisis Hotline</b>	<b>414-257-7222</b>
<b>Crisis Hotline (TTY/TDD)</b>	<b>414-257-6300</b>

#### **Sheriff's Department -**

<b>Community Against Pushers (Anonymous Drug Reporting)</b>	<b>414-273-2020</b>
<b>Guns Hotline</b>	<b>414-278-4867</b>
<b>W-2 Fraud</b>	<b>414-289-5799</b>

#### **City of Milwaukee:**

<b>Fraud Hotline</b>	<b>414-286-3440</b>
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#### **State of Wisconsin:**

<b>Child Abuse or Neglect Referrals</b>	<b>414-220-7233</b>
<b>Wisconsin Shares Fraud Hotline</b>	<b>877-302-3728</b>

#### **Federal:**

<b>Food Stamp Fraud</b>	<b>1-800-424-9121</b>
<b>Medicare Fraud</b>	<b>1-800-447-8477</b>
<b><i>NEW!</i> Stimulus Package Fraud</b>	<b>1-800-424-5454</b>

(6/1/09)

## DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to the 2010 Request for Proposal includes proprietary and confidential information, which qualifies as a trade secret, s provided in s. 19.36(5), Wis. Stats. Or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval.

### **Prices always become public information when proposals are open, and therefore cannot be kept confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released:

Section	Page #	Topic
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IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY'S AGREEMENT TO WITHHOLD THE MATERIALS.

Failure to include this form in the Request for Proposal may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_  
Signature

Authorized Representative \_\_\_\_\_  
Type or Print

Date \_\_\_\_\_

## STATEMENT OF DEVIATIONS AND EXCEPTIONS

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations:

(Please list your exceptions and deviations by indicating the section or paragraph number, and page number, as applicable. Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

\_\_\_\_\_  
Name of Authorized Representative Title \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative Date \_\_\_\_\_